

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Annie M. Beavcji

CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis A.A. County  
Town Month Day Year  
Date of death 1909 Aug 4<sup>th</sup> Age 59 (?) Month Days

Sex Female

Color or  
Race

White

Birth-  
place

Unknown

Occupation House wife

Where Reading if not  
at place of death

X

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Unknown

Father's  
Birthplace

Unknown

Father's  
Name

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Katherine A. Taylor,

How related  
to deceased

X none

CAUSES OF DEATH

120

How long

Primary

Nephritis

months

Immediate

Hypostatic Pneumonia

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

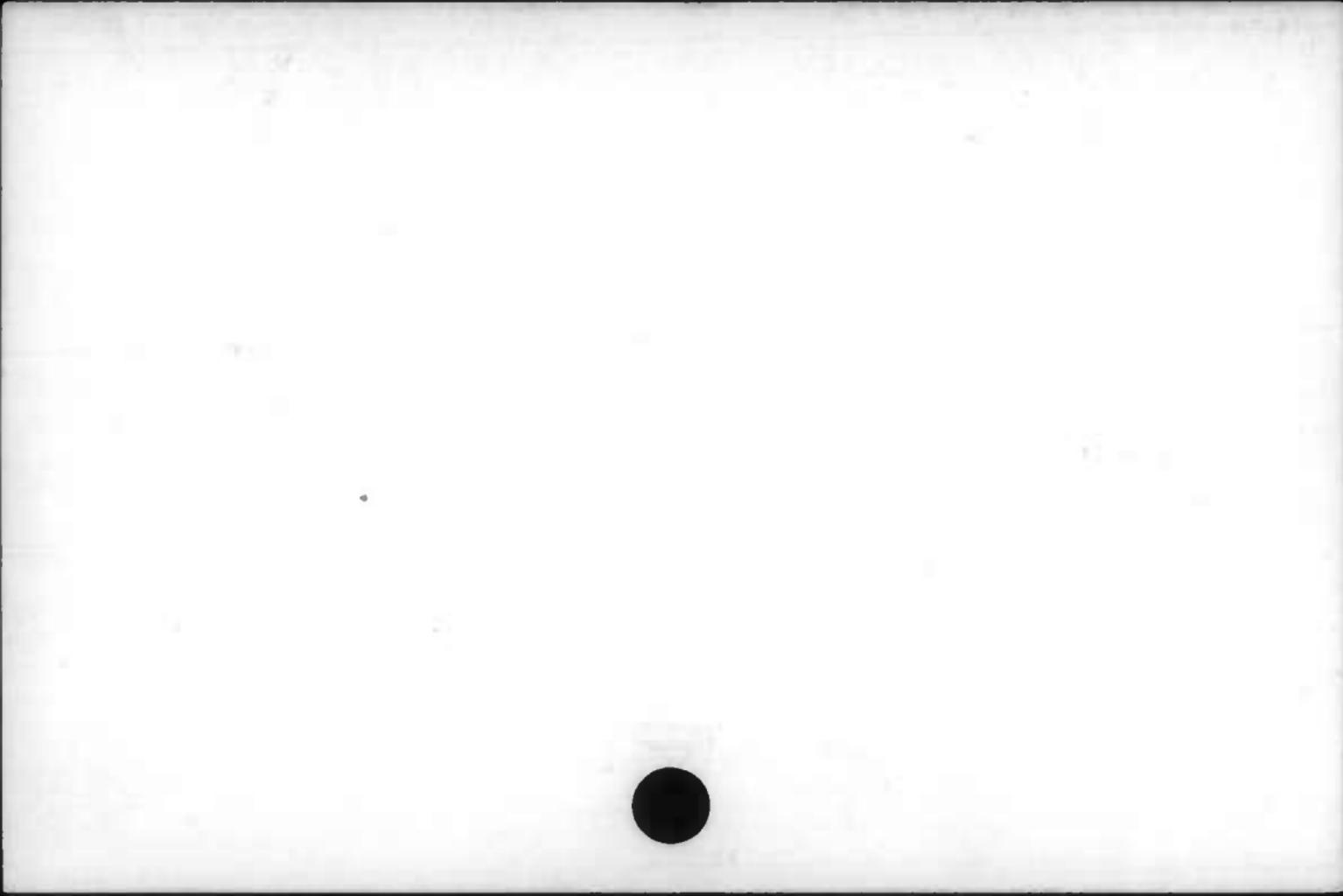
Address

John Purvis  
Annapolis  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide

Mr.



Name  
in  
Full

Ernest J. Bock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Anne Arundel County Anne Arundel  
Died at Anne Arundel Date Aug 30 Month August Day 30 Years 41 Months 3 Days 3  
Date of death 1909 Sex Male Color or Race White Birth-place Baltimore  
Occupation Saloon keeper Where Residing if not at place of death  
Married, Single or Widowed Married Name of Wife or Husband Ms. Lizzie Bock  
Father's Name Chas. D. Bock Father's Birthplace Germany  
Mother's Maiden Name Miss Mary Catherine Stroh Mother's Birthplace Germany  
Name of person giving Information Frank W. Davis How related to deceased Sister  
through his sister

CAUSES OF DEATH

56

How long

How long

PHYSICIAN  
OR CORONER

Primary

Auto Alcoholic Poisoning

Immediate

Are the name, age, sex, color, date and place correctly given above?

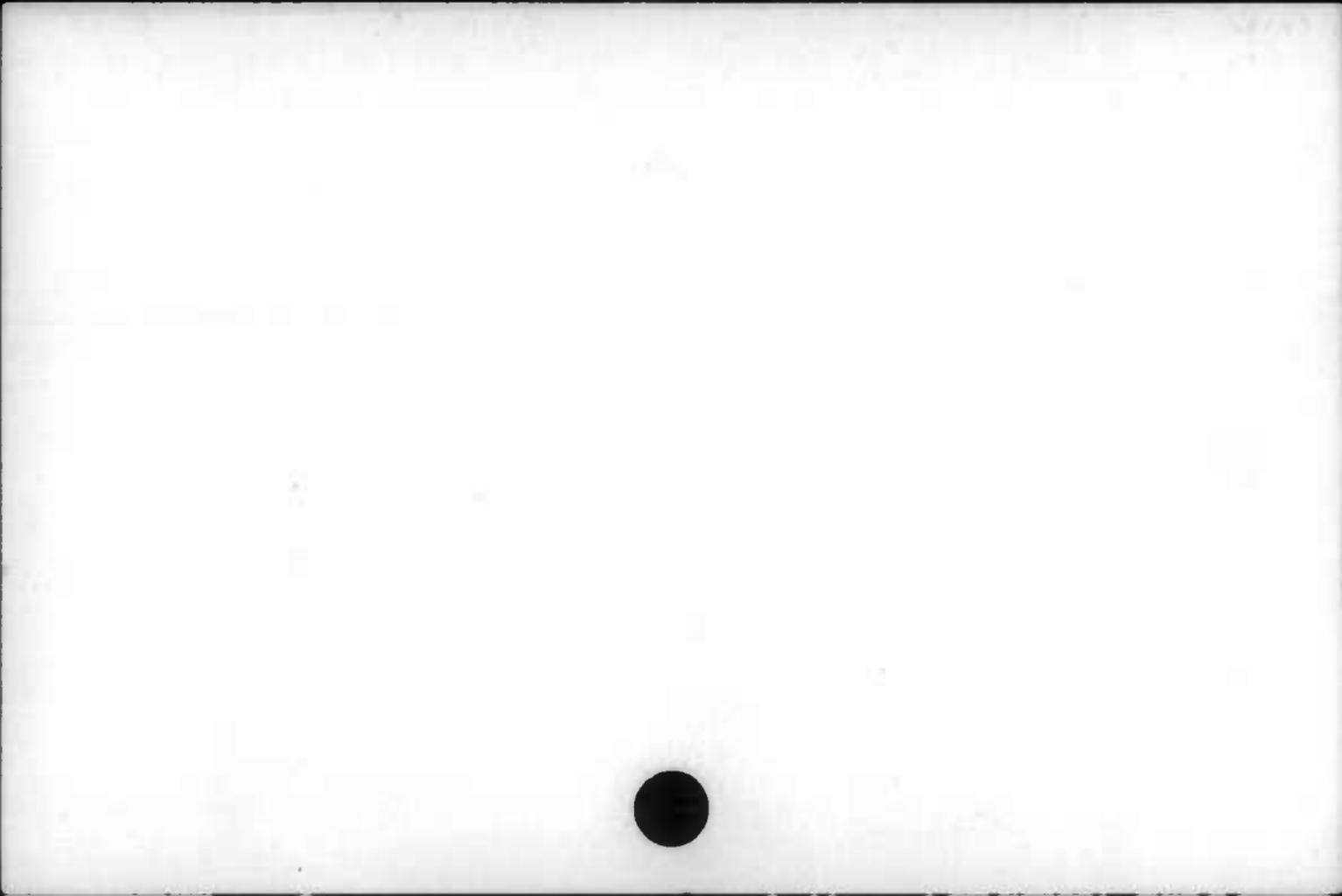
Yes

Signature of  
John H. Davis

Address

John H. Davis  
Annapolis  
Maryland

Accident or Suicide



Name  
in  
Full

Robert T. Charlton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                 |   |       |        |      |             |       |
|-----------------------------------|-----------------|---|-------|--------|------|-------------|-------|
| Died at                           |                 | Town                                    |       | County |      | MARYLAND    |       |
| Annapolis                         |                 | A.A.                                    |       |        |      |             |       |
| Date of death                     | 1909            | Month                                   | Aug.  | Day    | 21st | Age         | 28    |
| Sex                               | Male            | Color or Race                           | White |        |      | Birth-place | Baet. |
| Occupation                        | Pressman        | Where Residing if not at place of death |       |        |      |             |       |
| Married, Single or Widowed        | Single          | Name of Wife or Husband                 |       |        |      |             |       |
| Father's Name                     | John Charlton   | Father's Birthplace                     |       |        |      |             |       |
| Mother's Maiden Name              | Susie Hands     | Mother's Birthplace                     |       |        |      |             |       |
| Name of person giving Information | A. G. Wolfenden | How related to deceased                 |       |        |      |             |       |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Drowning

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John H Davis  
Coroner  
Annapolis  
Maryland

Accident or Suicide

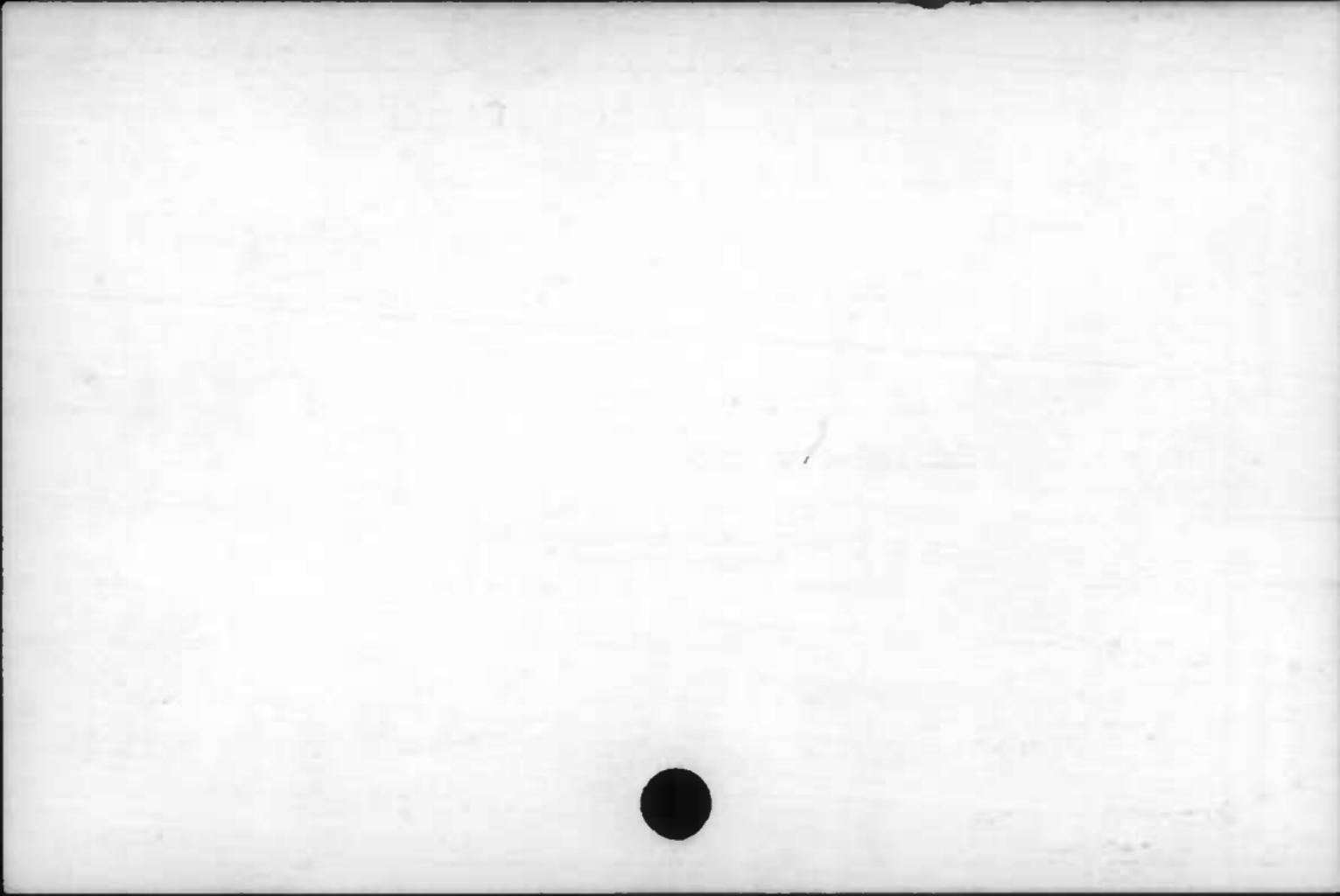
Drowning

172

How long

How long

Y



Name  
in  
Full

Cornelia Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|   |  |                                 |     |          |        |
|---|--|---------------------------------|-----|----------|--------|
| Died at <u>Pumphey</u> Town                           |  | Anne Arundel County             |     | MARYLAND |        |
| Date of death <u>1909</u>                             | Month <u>Aug</u>                           | Day <u>27</u>                   | Age | Years    | Months |
| Sex <u>Female</u>                                     | Color or Race <u>colored</u>               | Birth-place <u>Pumphey, Md.</u> |     |          |        |
| Occupation  | Where Residing if not at place of death    |                                 |     |          |        |
| Married, Single or Widowed                            | Name of Wife or Husband                    |                                 |     |          |        |
| Father's Name <u>George Chase</u>                     | Father's Birthplace <u>Atco Ad</u>         |                                 |     |          |        |
| Mother's Maiden Name <u>Cornelia Wad</u>              | Mother's Birthplace <u>Atco Ad</u>         |                                 |     |          |        |
| Name of person giving Information <u>Benjamin Wad</u> | How related to deceased <u>Grandfather</u> |                                 |     |          |        |

CAUSES OF DEATH

71

How long

10 hours

How long

10 hours

Primary

Convulsions

Immediate

Grandmother & Convulsions

Are the name, age, sex, color, date and place correctly given above?

Yes

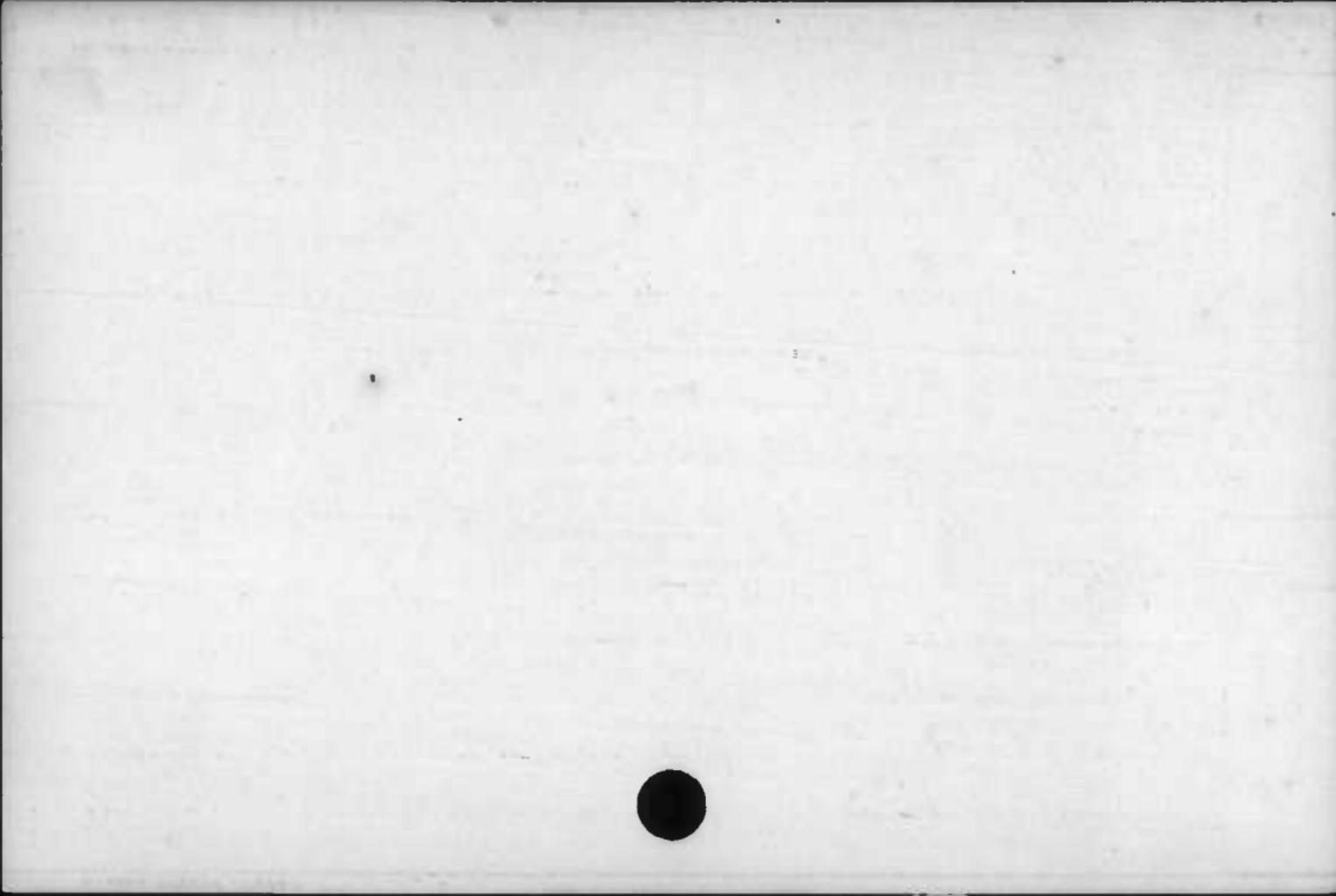
Signature of Physician

Dr. Wombleson

Address

Hanover  
Md

Accident or Suicide?



Name  
in  
Full

George Colbcock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at 3dys:

Town

County

MARYLAND

Date

of death 190

Month

9 Aug

Day

17

Years

Age

Months

3

Days

15

Sex

Occupation

Color or  
Race

White

Birth-  
place

3dys: A.A. Colbcock

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

George Colbcock.

Father's  
Birthplace

Bohemian

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Name of person giving  
Information

Augustus Smith

How related  
to deceased

Adolsted Brother

CAUSES OF DEATH

Primary

disturbly  
exhaustion

14

How long

1 week

Immediate

yes

How long

48 hours

Are the name, age, sex, color, data  
and place correctly given above?

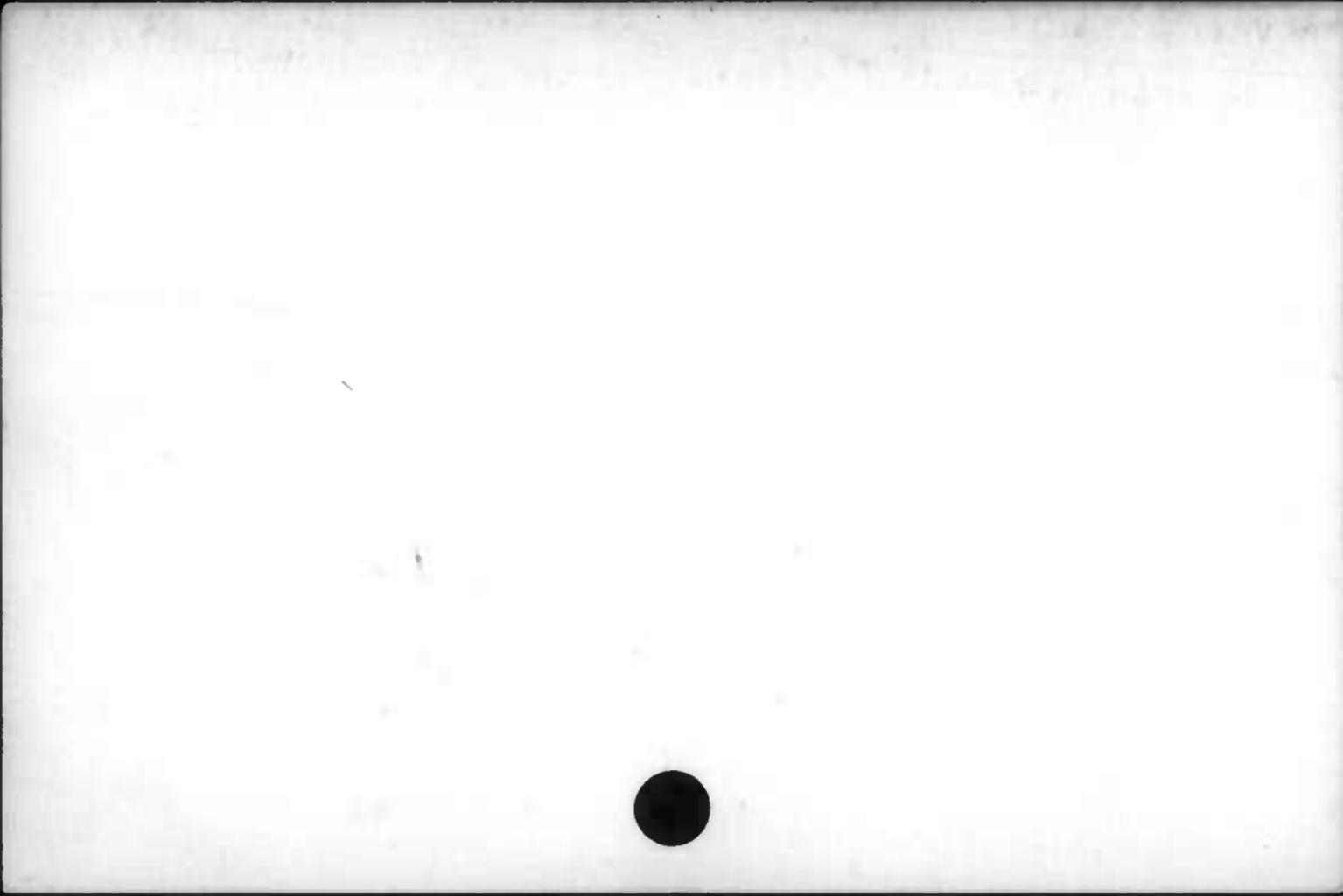
Signature of  
Physician

Address

Jack. D Ridout -  
Annapolis Md

PHYSICIAN  
OR CORONER

Accident or Suicida



Name  
in  
Full

Jefferson Daft

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at Baltimore  
Month Date of death 1909 Aug Day 3 Years 75 Months — Days —  
Sex Male Color color Birth-place Md  
Occupation Farmer Where residing if not at place of death South River Md

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Brookville

Father's Birthplace Brookville

Mother's Maiden Name Brookville

Mother's Birthplace Brookville

Name of person giving Information Joseph Collins

How related to deceased House

CAUSES OF DEATH

Primary

Gangrene of foot

142

How long

Immediate

Asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

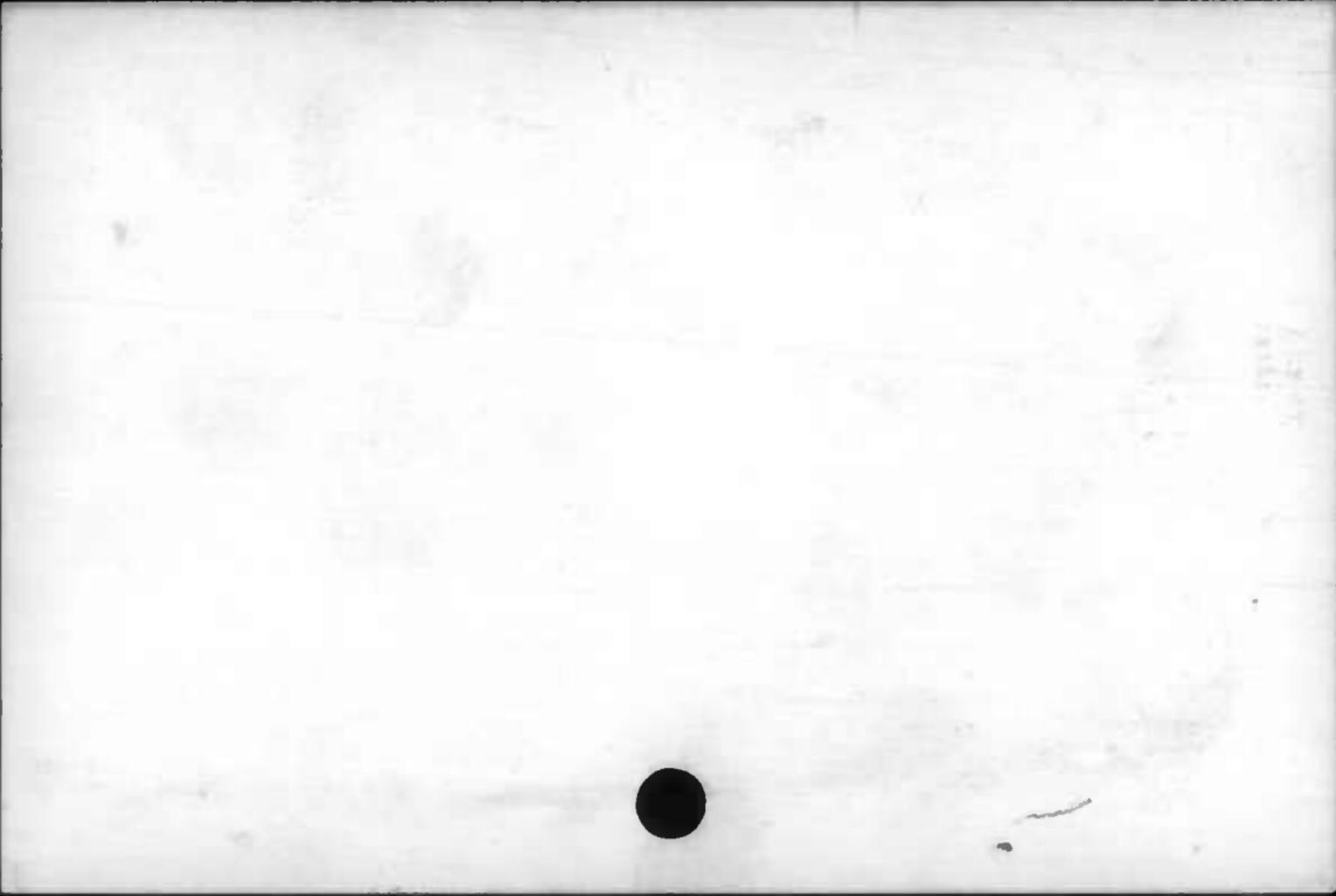
Address

Walton H Hopkins  
Annapolis

PHYSICIAN  
OR CORONER

Accident or Suicide

Neither



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Richard Phillip Disney

Town

County

CERTIFICATE OF DEATH

Died at near Hanover

Anne Arundel

MARYLAND

Date of death 1909 Month Aug Day 5

Years

Month

Days

5 15

Sex male

Color or Race

Age

Birthplace

Maryland

Occupation none

white

Where Reciding if not  
at place of death

Resided at Elkhurst

Married, Single  
or Widowed

Name of Wife or  
Husband

single

Father's Name

Richard P Disney

Father's Birthplace

Maryland

Mother's Maiden Name

Lucy Smith

Mother's Birthplace

Maryland

Name of person giving  
Information

Richard P. Disney

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Enteritis

105

How long

7 days  
sudden

Immediate

Some

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

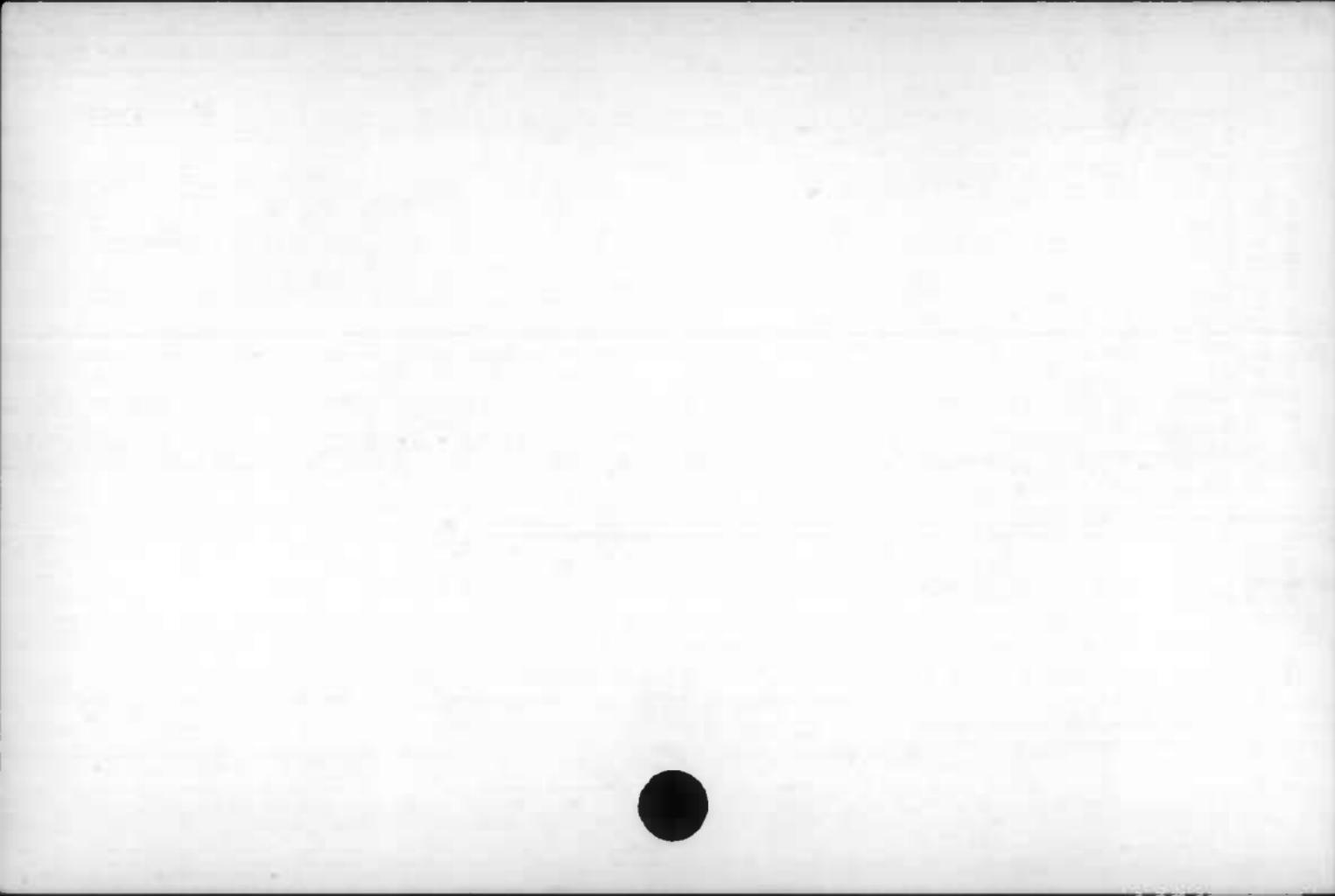
Signature of  
Physician

Address

Arthur Williams  
Elk Ridge Ind

Accident or Suicide

no



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Henerada Dixon

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

East Port

Day

St. 21

Date  
of death

Month

1909 Oct

Day

6

Years

62

Months

Day

Sex

Female

Color or  
Race

Colored

Birth-  
place

Baltimore, Md.

Occupation

House Wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Arthur Dixon

Father's  
Birthplace

Unknown

Father's  
Name

Thomas Ennis

Mother's  
Birthplace

Unknown

Mother's  
Name

Maria Jones

How related  
to deceased

Husband

Name of person giving  
Information

Arthur Dixon

CAUSES OF DEATH

104

How long

1/2 hr.

Primary

Acute Indigestion

How long

Gradual

Immediate

Heart Failure

Gradual

Sudden Death

Are the name, age, sex, color, date  
and place correctly given above?

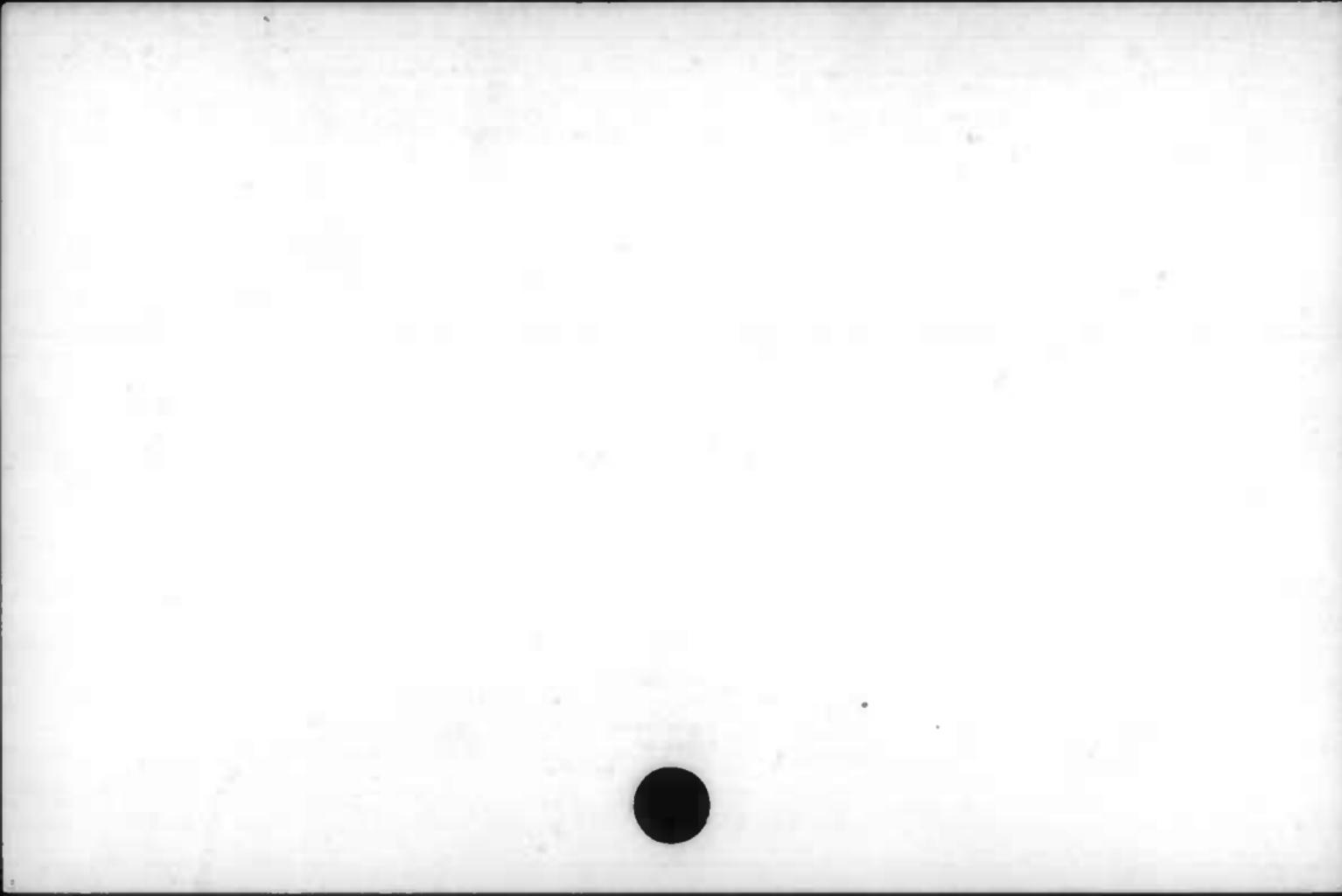
Signature of  
Physician

Address

Yes

John Ridontal  
Annapolis  
Md.

Accident or Suicide



Name  
in  
Full

Dorothy Donaldson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Lamie Town

County

MARYLAND

Date of death 1909 Month aug

Day 23

Years

Months 8

Days

Age

Sex Female

Color or  
Race white

Birth-  
place Ma

Occupation Wife

Where Residing if not  
at place of death New Haven

Married, Single  
or Widowed Widow

Name of Wife or  
Husband —

Father's  
Name L.C. Donaldson

Father's  
Birthplace Ma

Mother's  
Maiden Name Archie E. Grandell

Mother's  
Birthplace Ma

Name of person giving  
Information L.C. Donaldson

How related  
to deceased Father

CAUSES OF DEATH

105

How long

2 wks.

How long

Primary

Enteritis.

PHYSICIAN  
OR CORONER

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

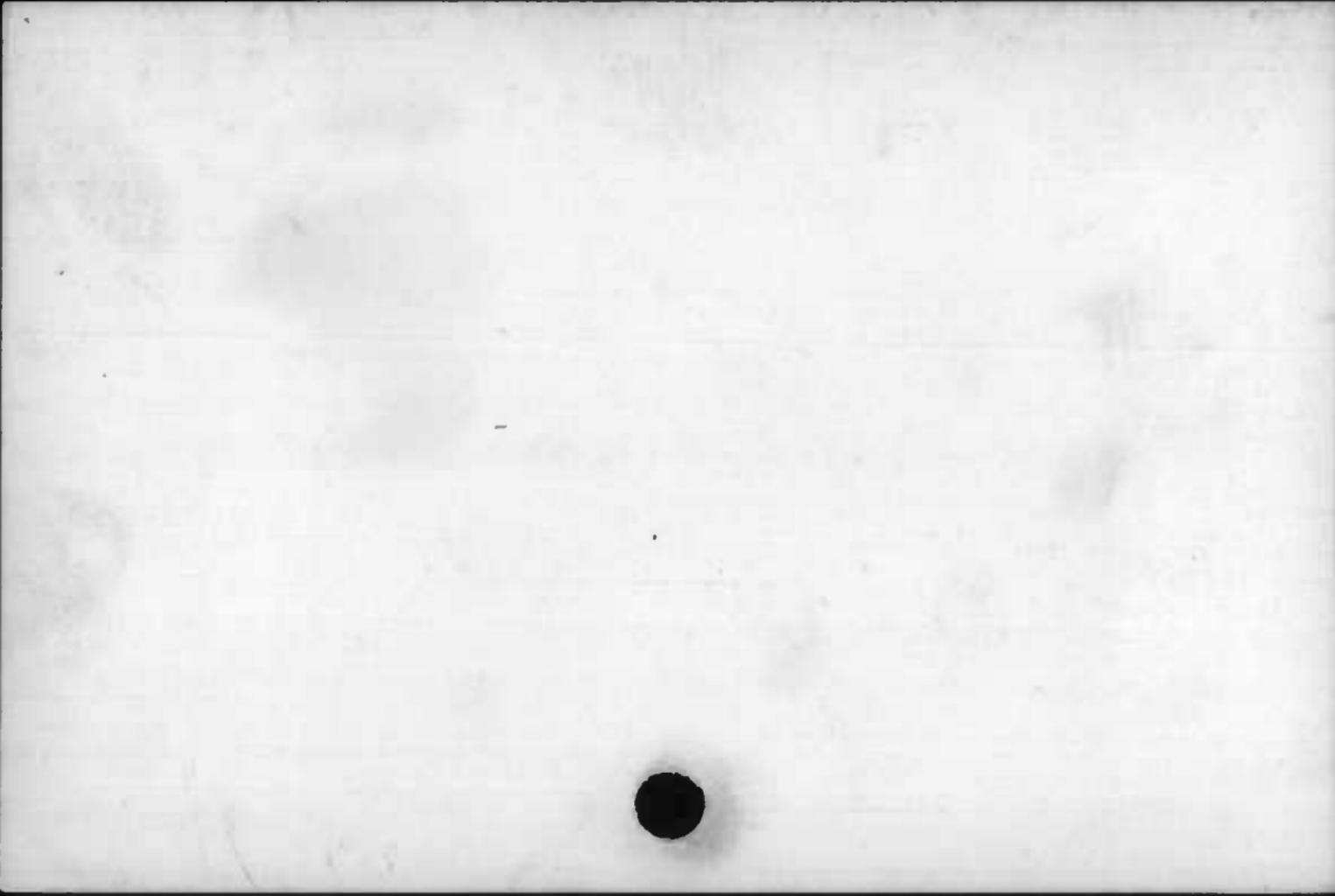
Yes.

Signature of  
Physician

Address

J. R. Hunt, M.D.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*John Joneski*

John Joneski

CERTIFICATE OF DEATH

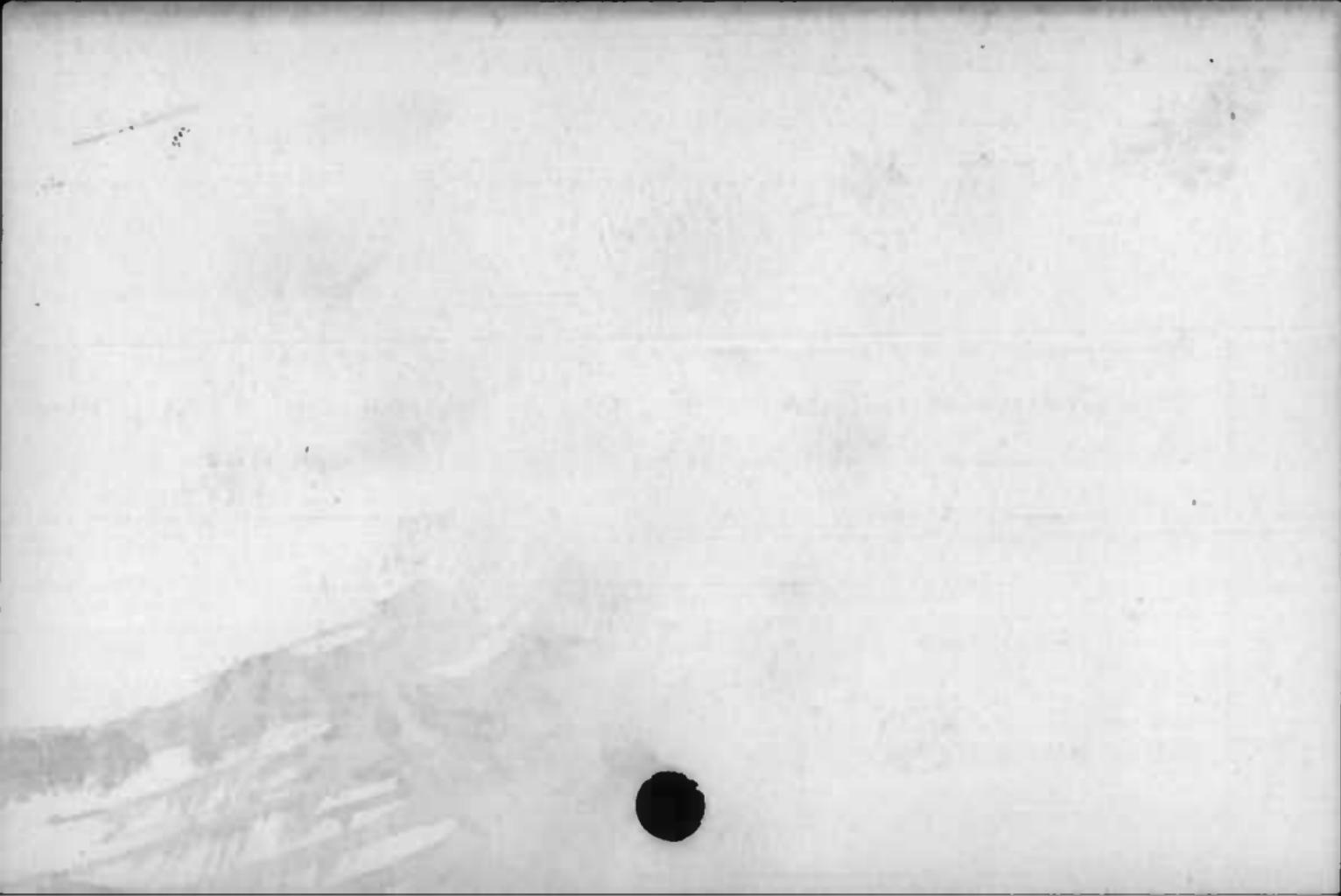
|                                   |                       |               |              |   |          |      |
|-----------------------------------|-----------------------|---------------|--------------|---|----------|------|
| Died at                           | Town                  |               | County       |   | MARYLAND |      |
| Died at                           | Odenton               |               | Anne Arundel |   |          |      |
| Date of death                     | Month                 | Day           | Age          | Years                                   | Months   | Days |
| 1909                              | 8                     | 2             | 49           |   |          |      |
| Sex                               | Male                  | Color or Race | White        | Birthplace                              |          |      |
| Occupation                        | Farmer                |               |              | Where Residing if not at place of death |          |      |
| Married, Single or Widowed        | Married               |               |              | Name of Wife or Husband                 |          |      |
| Father's Name                     | John Joneski          |               |              | Father's Birthplace                     |          |      |
| Mother's Maiden Name              | NOT known             |               |              | Mother's Birthplace                     |          |      |
| Name of person giving Information | Mary daughter Joneski |               |              | How related to deceased                 |          |      |
| CAUSES OF DEATH                   |                       |               |              |   |          |      |
| Primary                           | Pleuritis             |               |              | 94                                      | 14 days  |      |
| Immediate                         | Empyema               |               |              | 3 days                                  | How long |      |

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Stell Boone Douglas

Town County

Died at Annadale on the Bay & a

MARYLAND

Date of death 1909 Aug 12 Years

Months

Days

Age

Color or Race

Sex Funeral Colored

Occupation Birthplace

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving  
Information

How related  
to deceased

Primary

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

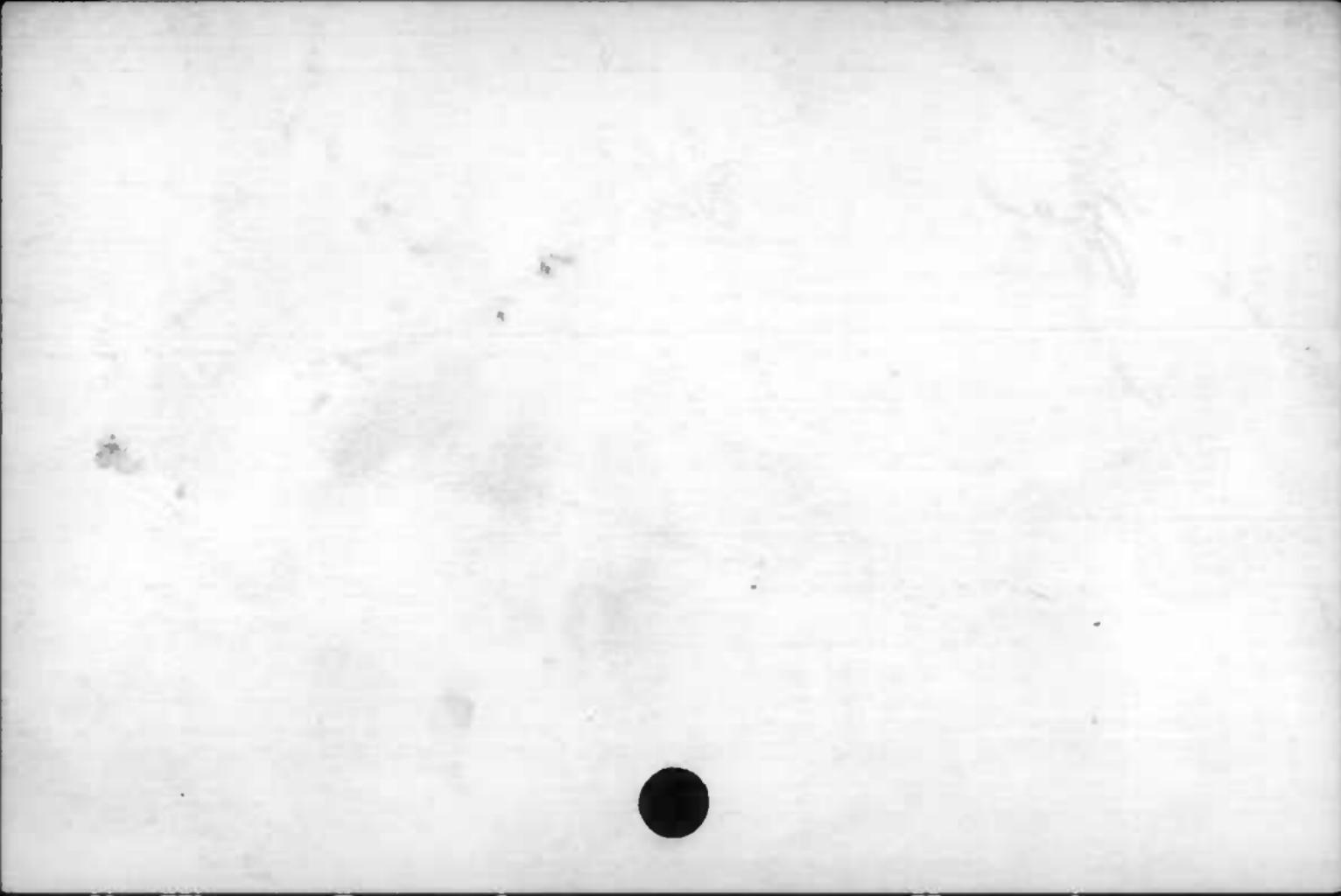
Address

P. P. Negeen  
60 Calvert St.  
Annapolis

PHYSICIAN  
OR CORONER

Accident or Suicide

No



Name  
in  
Full

Eberhart Frederick Dralle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                    |                          |  |               |
|------------------------------------|--------------------------|--|---------------|
| Town                               | County                   | MARYLAND                               |               |
| Died at                            | at, at. 60               | Months                                 | Days          |
| Date of death                      | 1909 Aug 1               | Age                                    | 2 14          |
| Sex                                | Male                     | Color or Race                          | East Port Md. |
| Occupation                         | None                     | Where Reading if not at place of death | Eastport, Md. |
| Married, Single or Widowed         | Single                   | Names of Wife or Husband               |               |
| Father's Name                      | William Frederick Dralle | Germany                                |               |
| Mother's Maiden Name               | Indie Brown              | Germany                                |               |
| Names of person giving Information | Indie Dralle             | Mother                                 |               |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Enter- Colitis

Immediate

Convulsions

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide

Mother,

105

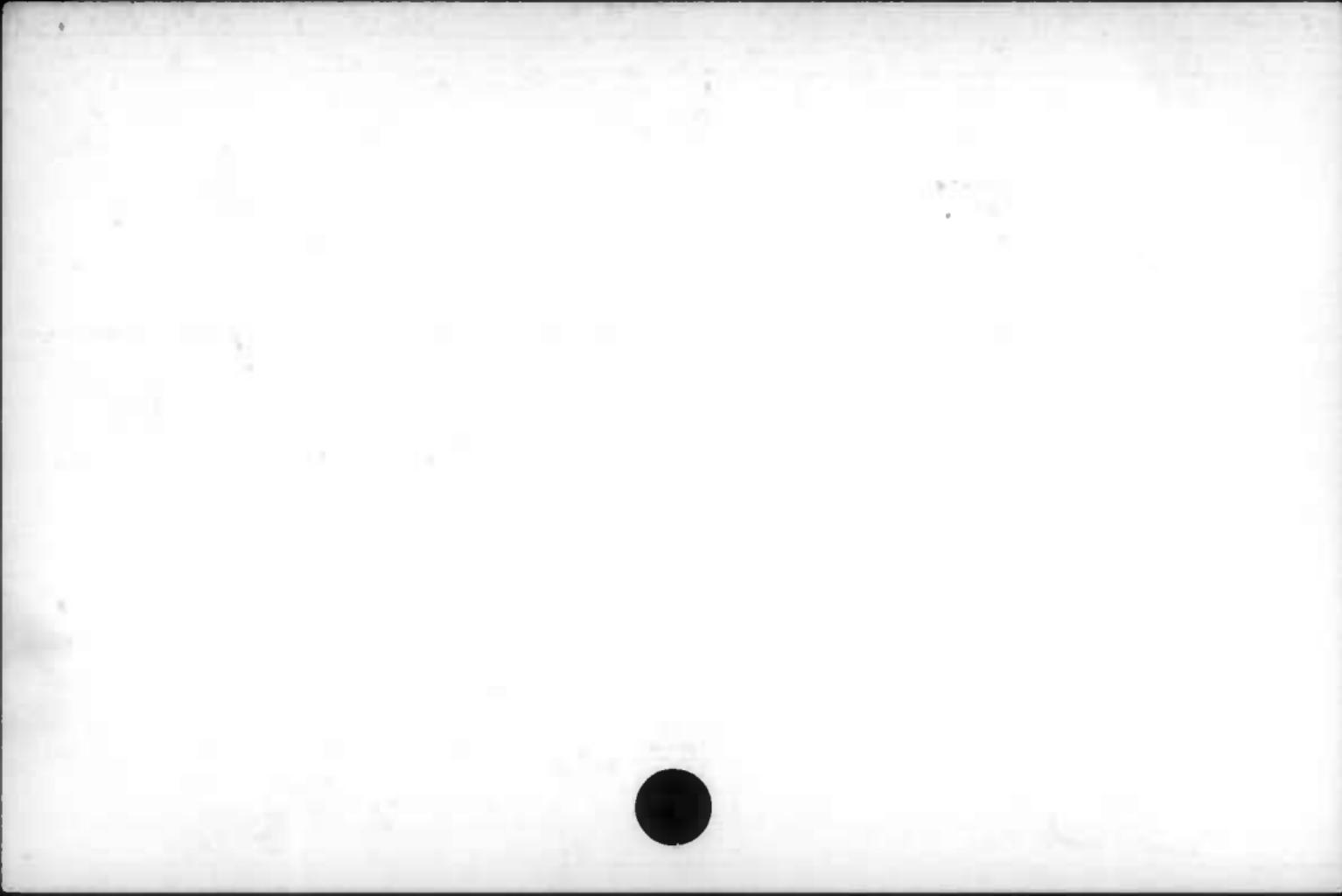
How long

one week.

How long

2 days.

John B. Henkel Jr.  
Annapolis,  
Md.



Name  
in  
Full

John Bernard Flood

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                  |  |                 |             |
|-----------------------------------|------------------|--|-----------------|-------------|
| Town                              | County           | MARYLAND                               |                 |             |
| Died at                           | Annapolis        | Anne Arundel                           | Montha          | Days        |
| Date of death                     | 1909 August 25   | Age                                    | 53              | 10          |
| Sex                               | Male             | Color or Race                          | White           | Birth-place |
| Occupation                        | Merchant         | Where Reading if not at place of death |                 |             |
| Married, Single or Widowad        | Married          | Name of Wife or Husband                | Franny M. Flood |             |
| Father's Name                     | Bernard Flood    |  |                 |             |
| Mother's Maiden Name              | Jane E. Lee      |  |                 |             |
| Name of person giving Information | Jos. F. Haughton |  |                 |             |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Nephritis & Diabetes

Immediate Jaemnia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

50

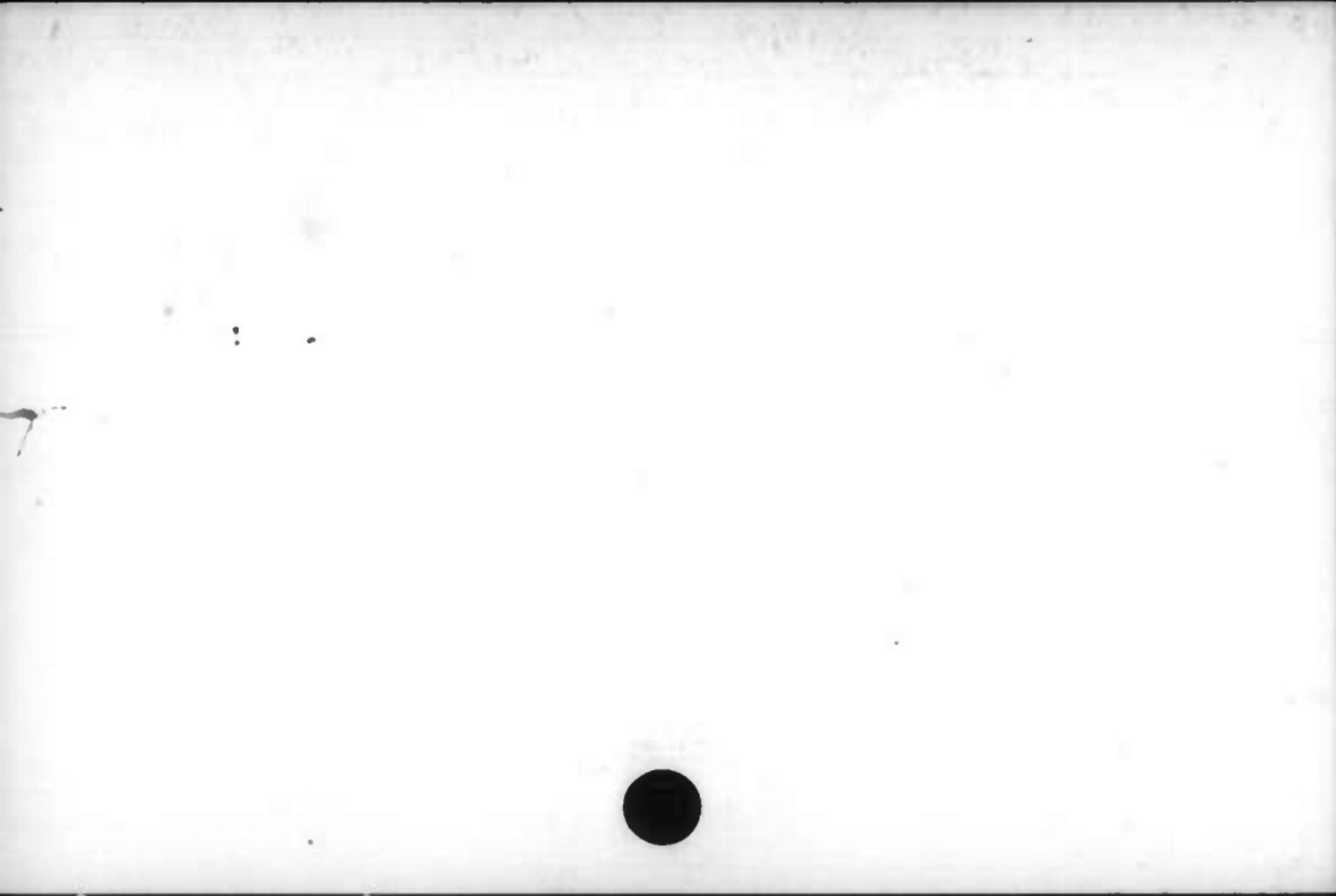
How long

3 to 6 months

How long

3 weeks

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

|                                      |  |                  |       |                 |                          |          |   |
|--------------------------------------|--|------------------|-------|-----------------|--------------------------|----------|---|
| Name<br>in<br>Full                   |  | Town             |       | County          |                          | MARYLAND |   |
| Died at                              | Edge Water                                 | Month            | Aug   | Year            | 1909                     | Month    | 9 |
| Date<br>of death                     | 1909                                       | Day              | 14    | Age             | 11                       | Days     | 9 |
| Sex                                  | Female                                     | Color or<br>Race | White | Birth-<br>place | River View<br>Edge Water |          |   |
| Occupation                           | Where Residing if not<br>at place of death |                  |       |                 |                          |          |   |
| Married, Single<br>or Widowed        | Name of Wife or<br>Husband                 |                  |       |                 |                          |          |   |
| Father's<br>Name                     | Benjamin Galloway                          |                  |       |                 |                          |          |   |
| Mother's<br>Maiden Name              | Josephine Gable                            |                  |       |                 |                          |          |   |
| Name of person giving<br>Information | Benjamin Galloway                          |                  |       |                 |                          |          |   |

CAUSES OF DEATH

Primary

Typhoid Fever

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. Jackson  
Davidsonville  
Md

Accident or Suicide

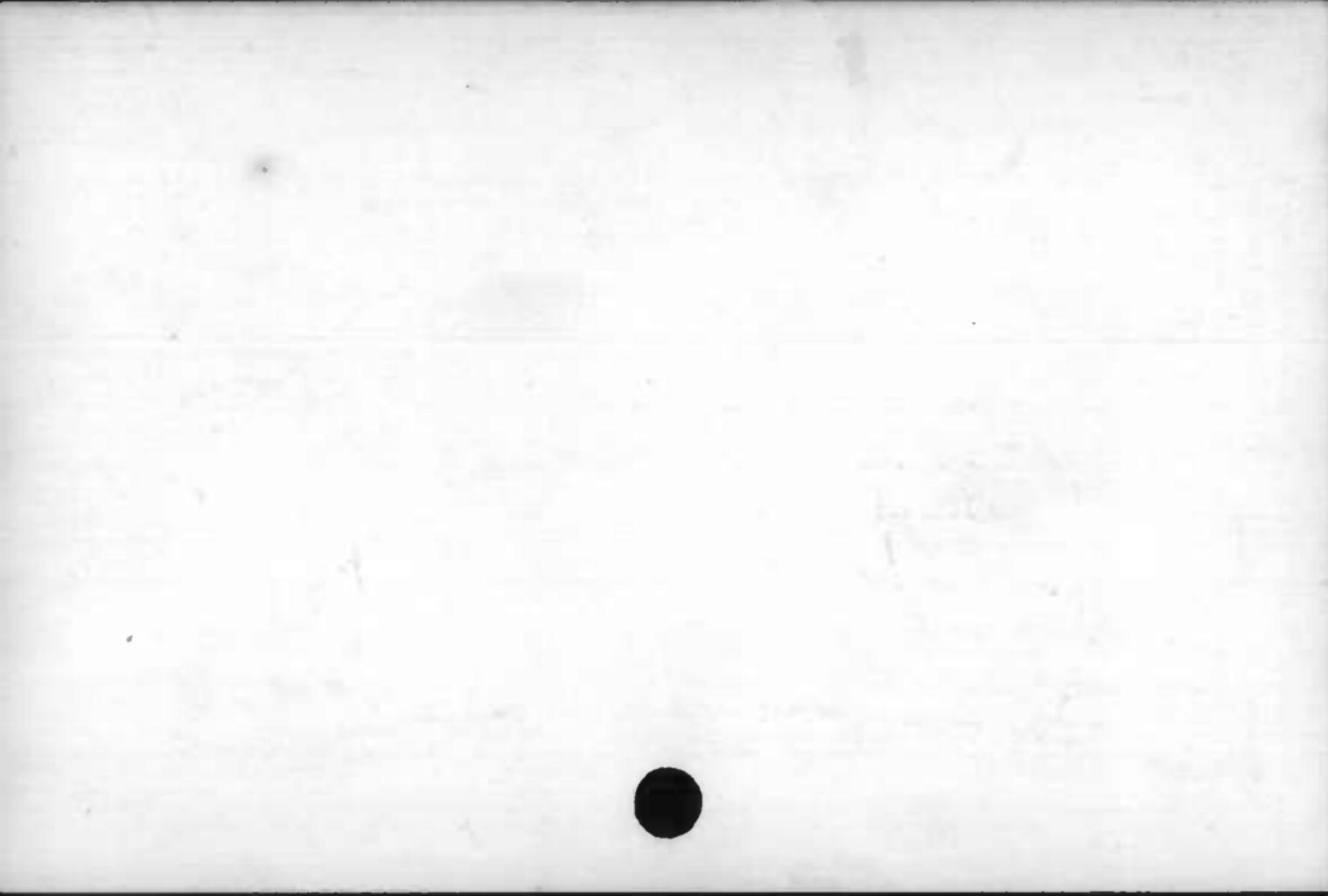
2w

①

How long

How long

X  
31 days



Name  
in  
Full

Charlie Golombofsky

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

7

PHYSICIAN  
OR CORONER

|                                   |   |               |              |             |                |        |
|-----------------------------------|---|---------------|--------------|-------------|----------------|--------|
| Disd at                           | Town                                    |               | County       |             | MARYLAND       |        |
| Curtis Bay                        | Month                                   | Day           | A. A. County | Years       | Months         | Days   |
| Date of death 1909                | Aug                                     | 5th           | Age          | 5           |                |        |
| Sax                               | Male                                    | Color or Race | white        | Birth-place | Curtis Bay sea |        |
| Occupation                        | Where Residing if not at place of death |               |              |             |                |        |
| Married, Single or Widowed        | Name of Wife or Husband                 |               |              |             |                | —      |
| Father's Name                     | Simon Golombofsky                       |               |              |             |                | Russia |
| Mother's Maiden Name              | Eleanore Stankunas                      |               |              |             |                | Russia |
| Name of person giving Information | Louise Golombofsky                      |               |              |             |                | Sister |

CAUSES OF DEATH

Primary

Gastro-enteritis

105

How long

Eleven days

Immediate

Asthenia

How long

Eleven days

Are the name, age, sex, color, date and place correctly given above?

Yes

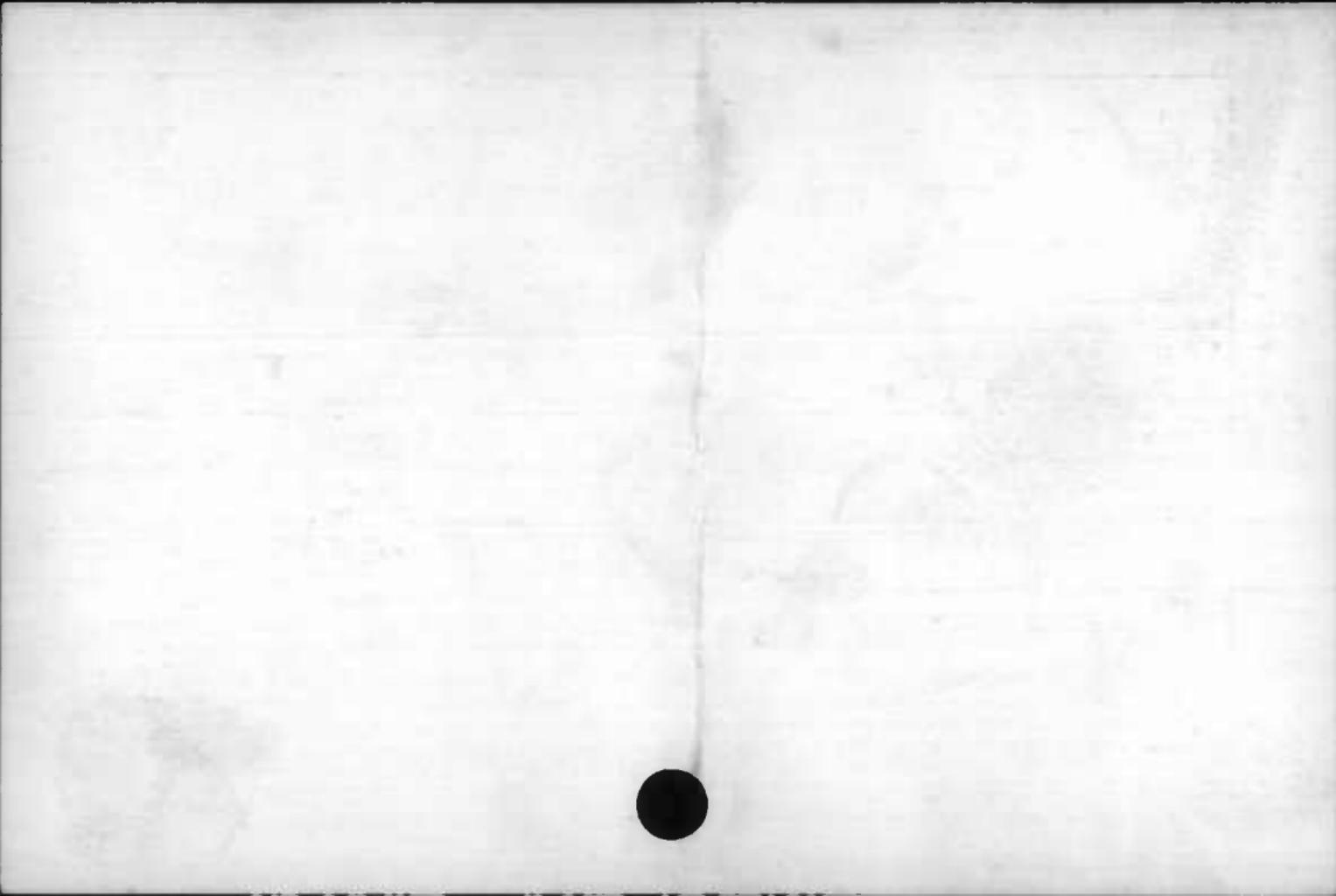
Signatures of Physician

Address

Skahur M.D.

1823 W. North St. Balt. Md.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John L. Gray

CERTIFICATE OF DEATH

Died at Bethel dust Town Anne Arundel County  
Date of death 1909 Aug 5 Month Aug Day 5 Age 40 Years  
Months  Months  Days

MARYLAND

Date of death 1909 Aug 5

Sex Male Color or Race White

Birth-place Worfolk & Va

Occupation Agent

Where Residing if not  
at place of death

Ballo. Ind

Married, Single or Widowed Single Name of Wife or Husband Anna Gray

Father's Birthplace

Father's Name John Gray

Mother's Birthplace

Mother's Maiden Name Anna Hubbard

How related to deceased

Name of person giving Information Anna Gray

White

CAUSES OF DEATH

Primary

Struck by a limb falling from a tree while driving

How long

Immediate

by accident

Instantly

166

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Dr. Wm. D. Lee, Coroner  
Annapolis, Md.

Accident ~~or homicide~~

Mrs. Ann Tucker

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Maria L. G. G. and -

CERTIFICATE OF DEATH

MARYLAND

|                                   |   |                     |       |        |      |
|-----------------------------------|---|---------------------|-------|--------|------|
| Died at                           | Town                                    | County              |       |        |      |
| Date of death                     | Month                                   | Day                 | Years | Months | Days |
| Sex                               | Color or Race                           | Age                 |       |        |      |
| Occupation                        | Where Residing if not at place of death |                     |       |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 | Charles D. G. and - |       |        |      |
| Father's Name                     | John D. Stauffer                        |                     |       |        |      |
| Mother's Maiden Name              | Mary Living                             |                     |       |        |      |
| Name of person giving Information | Emanuel Weilheim                        |                     |       |        |      |

CAUSES OF DEATH

79)

How long

6 mos

How long

2 hours

Primary

Valvular disease of heart

Immediate

Depressed

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P. J. Hammond,  
Ass'ty.,  
Md.

Accident or Suicide?

-88 5/

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Benjamin Garrison, Jr.

Town ~~Ames~~ Annapolis  
County ~~St. Mary's Co.~~ Prince George's Co.

CERTIFICATE OF DEATH

MARYLAND

Died at Month Day Years Months Days

Date of death 1909 Aug 1 Age 61

Sex Male Color or Race White

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Samuel Farmer

Mother's Maiden Name Rosetta Dement

Name of person giving Information Hattie Garrison

Virginia Garrison

Father's Birthplace St. Mary's Co., Md.

Mother's Birthplace St. Mary's Co., Md.

How related to deceased Daughter

CAUSES OF DEATH

Primary Cause Apoplexy

Immediate

Are the name, age, sex, color, date and place correctly given above?

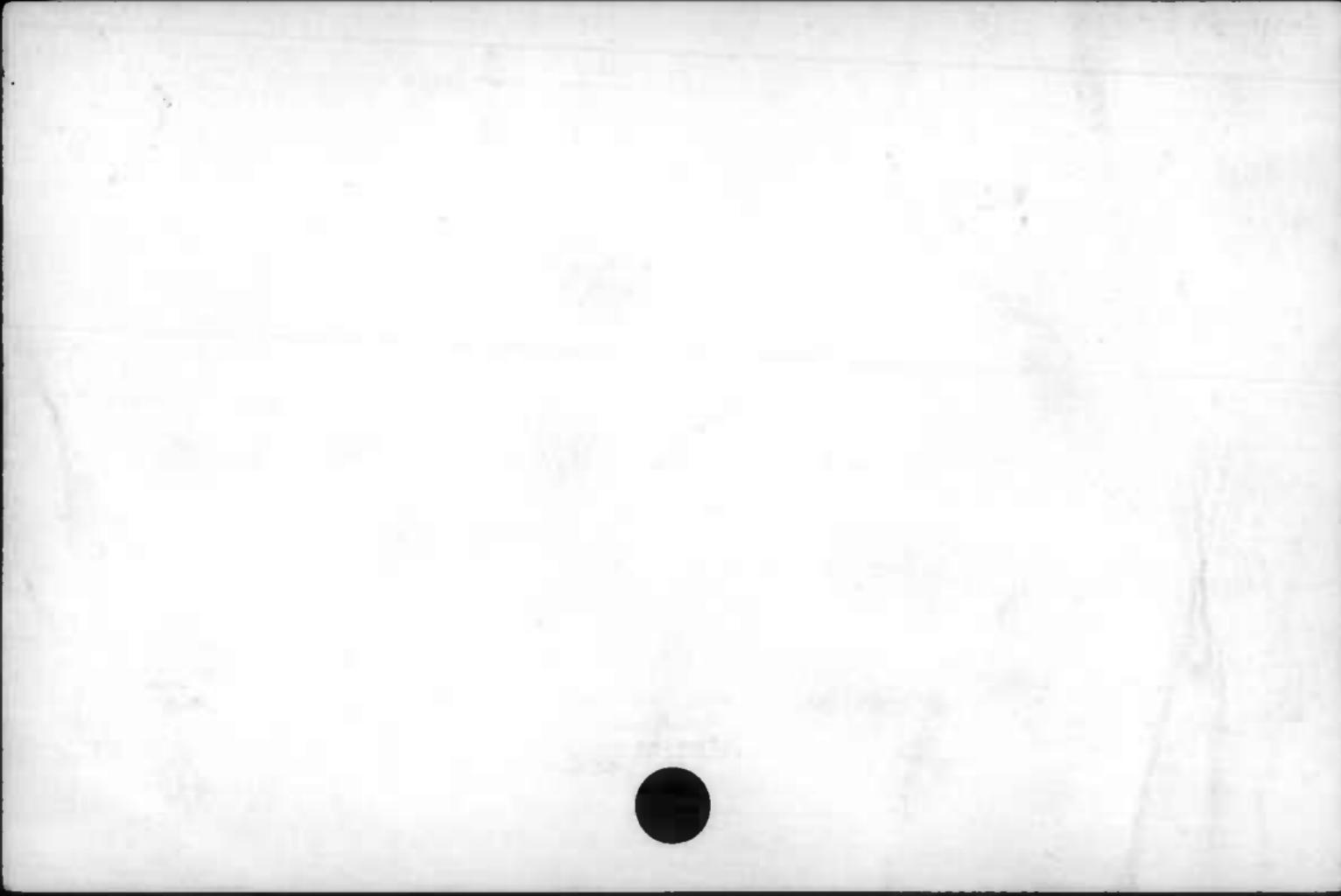
Yes

Signature of Physician

Address

John H. Davis, Coroner  
Annapolis  
Maryland

Accident or Suicide



Name  
in  
Full

Francis J. Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at **St Margreto** Town **St. A.** County  
Date of death **1909 Aug 19** Month Day Years  
Age **78** Months Days  
Sex **Female** Color or Race **White**  
Occupation **House Wife** Where Residing if not at place of death  
Married, Single or Widowed **Widow** Name of Wife or Husband **Thomas Hall**  
Father's Name **Unknown** Father's Birthplace **Unknown**  
Mother's Maiden Name **Unknown** Mother's Birthplace **Unknown**  
Name of person giving Information **Ida V. Bagwell** How related to deceased **Daughter**

CAUSES OF DEATH

Primary

**Parecer**

Immediate

**Borna**

Are the name, age, sex, color, date and place correctly given above?

**Yes**

Signature of  
Physician

Address

**John H. Davis  
Annapolis  
Bacne  
margland**

PHYSICIAN  
OR CORONER

Accident  Suicide

67

How long

X

1 month

How long



Name  
in  
Full

Mary Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Patuxent

Town

Date of death 1909 Month Aug

Day 5

County

A. A. Co., Md.

MARYLAND

Age 25 Years — Months — Days —

Sex Female

Color or Race

Colored

Birth-place

Va

Occupation

Housewife

Where Residing if not  
at place of death

Odenton

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

James H. Dennis

How related  
to deceased

No

106

How long

2 days.

How long

3 days.

Primary

Inflammation of Stomach & Intestines  
esophagitis 2 days

Signature of  
Physician

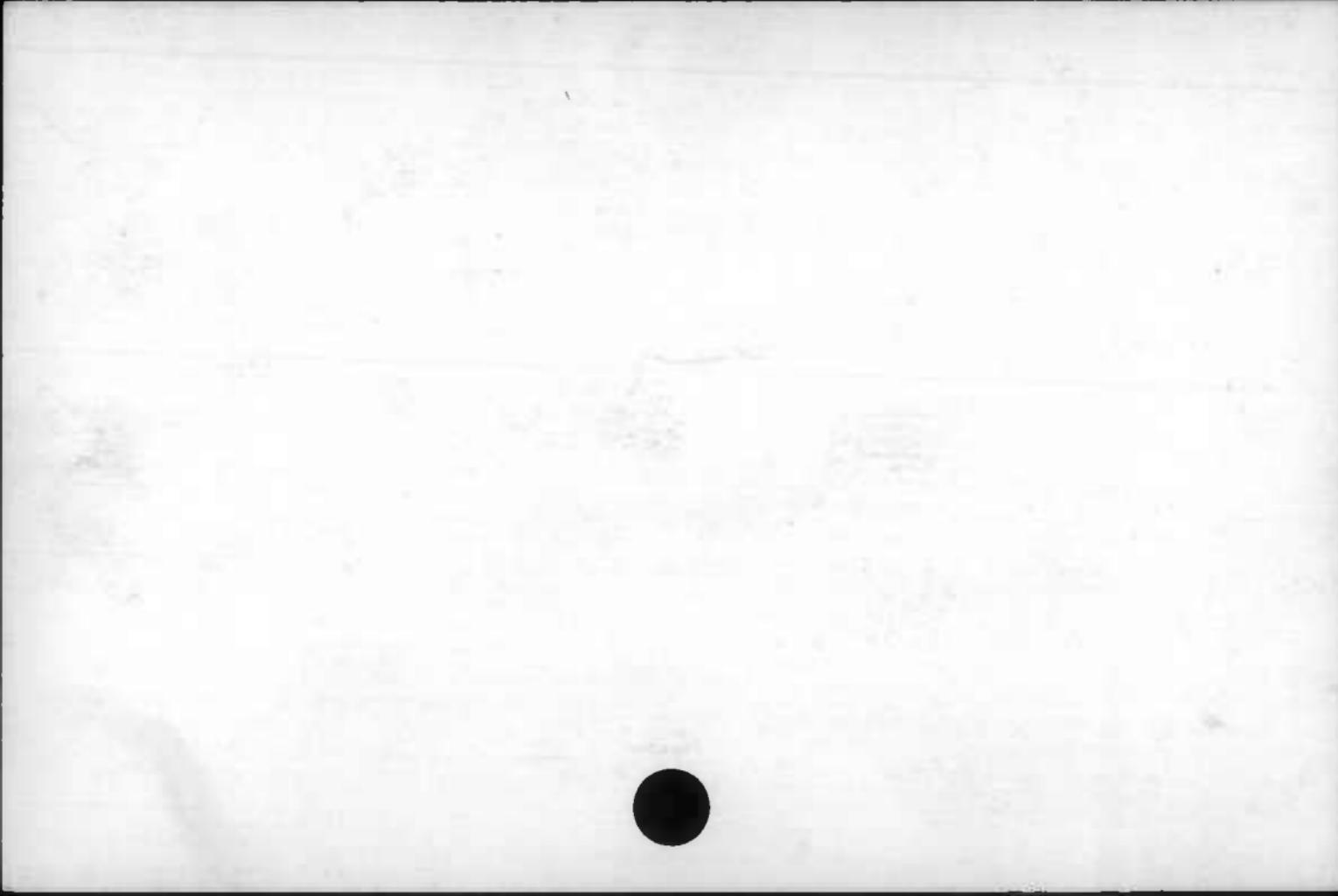
Address

J. W. Leonard  
708 E. 8th St

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Accident or Suicide



Name  
in  
Full

Mary Harrod

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at **Woodcockville** County **a-a-** MARYLAND  
Date of death **1909 Aug. 5** Month **Age 25** Year **Days**  
Sex **Female** Color or Race **Colored** Birth-place **Virginia**  
Occupation **Domestic** Where Residing if not at place of death **Woodcockville Md.**  
Married, Single or Widowed **Married** Name of Wife or Husband **Andrew Harrod**  
Father's Name **unknown** Father's Birthplace **unknown**  
Mother's Maiden Name **unknown** Mother's Birthplace **unknown**  
Name of person giving Information **Andrew Harrod** How related to deceased **Husband.**

PHYSICIAN  
OR CORONER

Primary

Inflammation peritonitis  
epilepsy confined

Immediate

Are the name, age, sex, color, date and place correctly given above?

CAUSES OF DEATH

106

How long

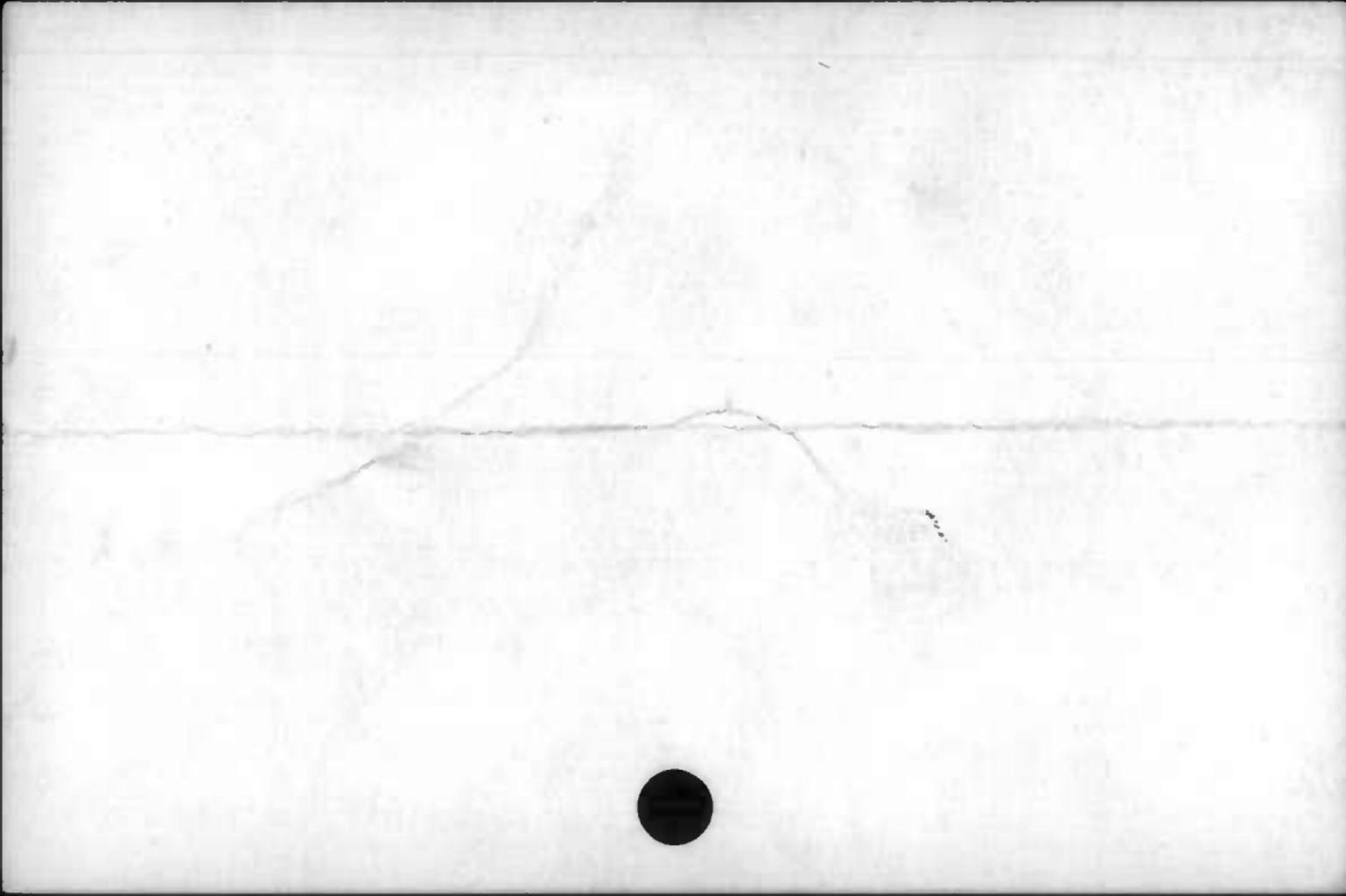
5 days

3 days

Signature of  
Physician

Address

Accident or Suicide



Name  
in  
Full

William Hoback

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |        |             |        |                         |            |
|-----------------------------------|---|--------|-------------|--------|-------------------------|------------|
| Died at                           | Town                                    | County | MARYLAND    |        |                         |            |
| Date of death                     | Month                                   | Day    | Years       | Months | Days                    |            |
| Sex                               | Color or Race                           | Age    | Birth-place |        |                         |            |
| Occupation                        | Where Residing if not at place of death |        |             |        |                         |            |
| Married, Single or Widowed        | Name of Wife or Husband                 |        |             |        |                         |            |
| Father's Name                     | George W Hoback                         |        |             |        | Father's Birthplace     | Balto. Md. |
| Mother's Maiden Name              | Annie M. Brantart                       |        |             |        | Mother's Birthplace     | Germany    |
| Name of person giving Information | Annie M Hoback                          |        |             |        | How related to deceased | Mother     |

14

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Marasmus

179

How long

X

90 days

Immediate

Heart Failure

How long

2 days

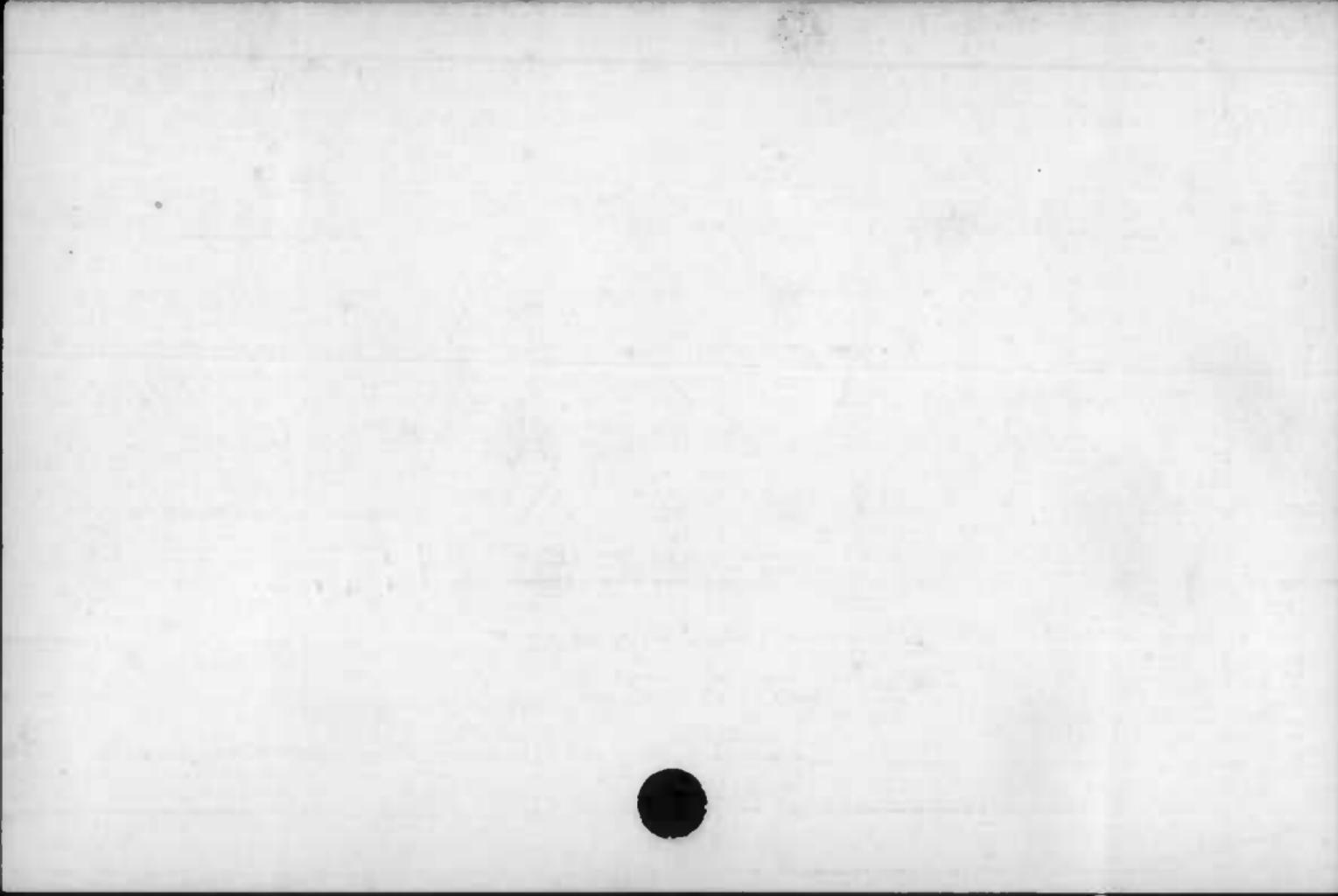
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Henry J. Smalley  
1616 E. Baltimore St

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Emma Jane Hutton

CERTIFICATE OF DEATH

|                                   |   |                  |          |        |      |
|-----------------------------------|---|------------------|----------|--------|------|
| Died at                           | Town                                    | County           | MARYLAND |        |      |
| Date of death                     | Month                                   | Day              | Years    | Months | Days |
| Sex                               | Color or Race                           | Age              | 33       | 4      | 8    |
| Occupation                        | Where Residing if not at place of death |                  |          |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 | Dan'l. M. Hutton |          |        |      |
| Father's Name                     | Aron Brewer Benton                      |                  |          |        |      |
| Mother's Maiden Name              | Mary Catherine Levy                     |                  |          |        |      |
| Name of person giving Information | Dan'l. M. Hutton                        |                  |          |        |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary mitral Insufficiency

79

How long

2 years +  
Unknown

Immediate mitral Insufficiency

How long

1 hour.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

P. P. W. Wilson,  
Churchton, Md.

Accident or Suicide?



Name  
in  
Full

Grace O. Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |              |       |   |       |                         |              |
|-----------------------------------|--------------|-------|---|-------|-------------------------|--------------|
| Died at                           |              | Town  | County                                  |       | MARYLAND                |              |
| Date of death                     |              | Month | Day                                     | Years | Months                  | Days         |
| 190                               |              | Aug.  | 15                                      | Age   | 4                       | 23           |
| Sex                               | Gender       |       | Color or Race                           | 13    | Birth-place             | A. A. Lookey |
| Occupation                        | house        |       | Where Residing if not at place of death |       |                         |              |
| Married, Single or Widowed        | Single       |       | Name of Wife or Husband                 |       |                         |              |
| Father's Name                     | Wm Jacobs    |       |   |       | Father's Birthplace     |              |
| Mother's Maiden Name              | Lila Mackgee |       |   |       | Mother's Birthplace     |              |
| Name of person giving Information | Wm Jacobs    |       |   |       | How related to deceased |              |

CAUSES OF DEATH

Primary

Enterocolitis

104

How long

How long

3wks -

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

H. B. Gault  
Milwaukee -

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Rebecca Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|  |  |                            |       |          |      |
|--|--|----------------------------|-------|----------|------|
| Died at <u>Lothian</u> Town                            |  | <u>Anne Arundel</u> County |       | MARYLAND |      |
| Date of death <u>1909 Aug 21</u>                       | Month  | Day                        | Years | Months   | Days |
| Sex <u>Female</u>                                      | Color or Race  | <u>Colored</u>             |       |          |      |
| Occupation <u>House girl</u>                           | Where Residing if not at place of death <u>Lothian</u> |                            |       |          |      |
| Married, Single or Widowed <u>Single</u>               | Name of Wife or Husband                                | <u>None</u>                |       |          |      |
| Father's Name <u>Moses Johnson</u>                     | Father's Birthplace <u>Aaco, Md</u>                    |                            |       |          |      |
| Mother's Maiden Name <u>Sophia Griffith</u>            | Mother's Birthplace <u>Calvert, Md</u>                 |                            |       |          |      |
| Name of person giving Information <u>John W. Ennis</u> | How related to deceased                                |                            |       |          |      |

CAUSES OF DEATH

|  |   |
|--|---|
| Primary <u>Parturition</u>   | How long <u>8 days</u>  |
| Immediate <u>Embolus (brain)</u>   | How long <u>1 minute</u>  |
| Are the name, age, sex, color, date and place correctly given above?<br><u>Yes</u> | Signature of Physician<br><u>Malvina Cawood, M.D.</u><br>Address<br><u>West River</u> |
| Accident or Suicide?   |   |

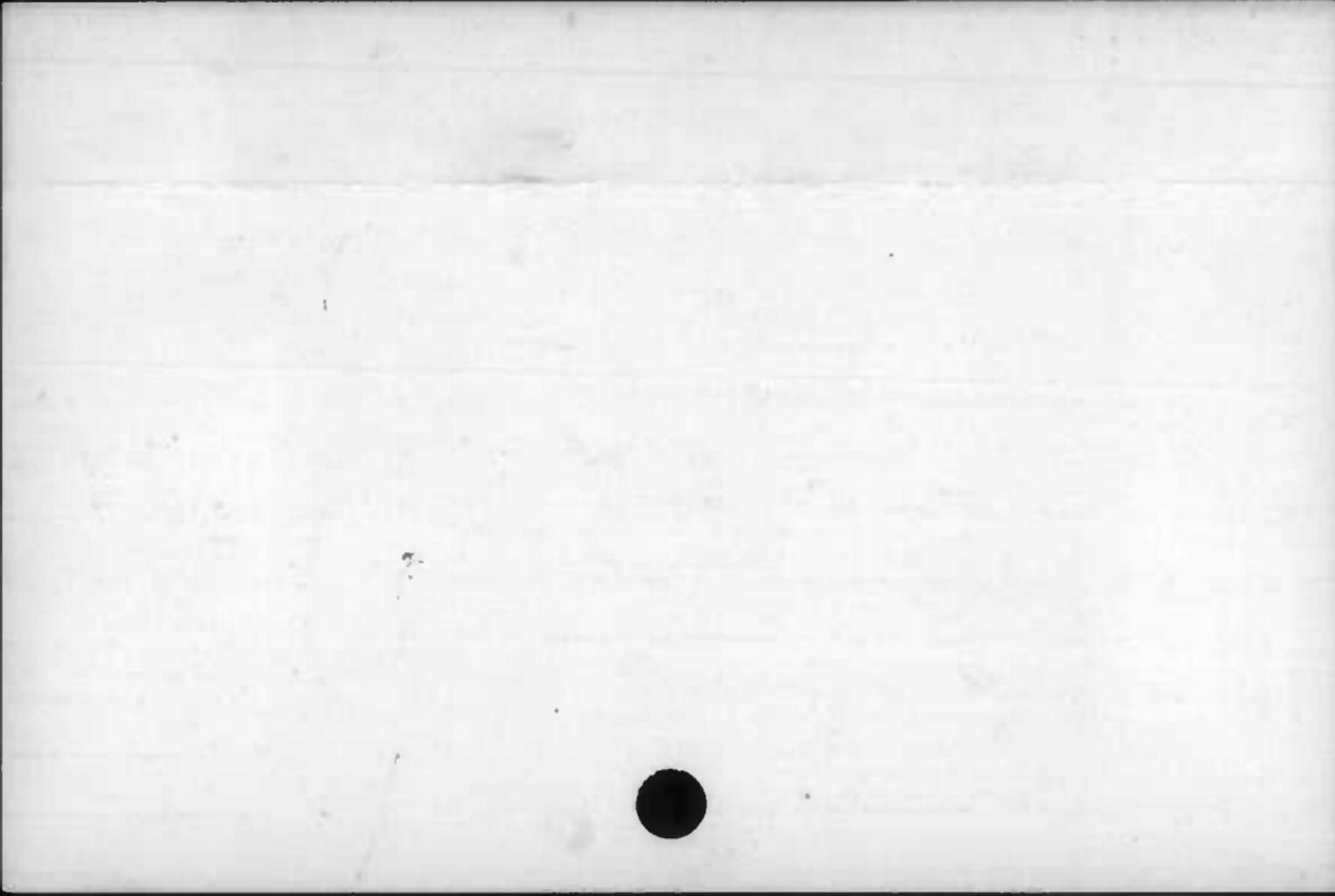
140

A

8 days

1 minute

Malvina Cawood, M.D.



Name  
in  
Full

Mary Ann King

CERTIFICATE OF DEATH

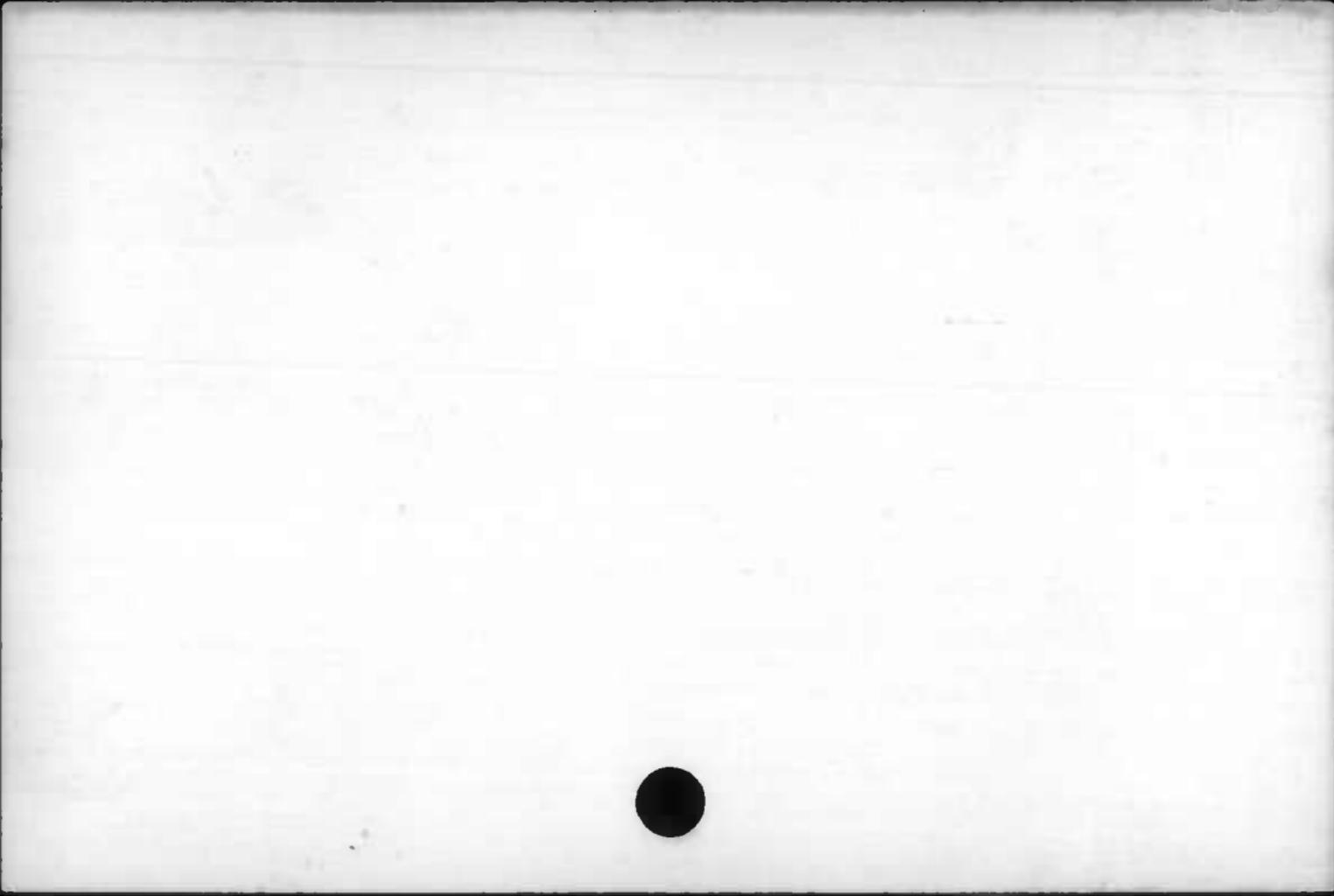
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                         |                  |        |      |
|-----------------------------------|---|-------------------------|------------------|--------|------|
| Died at                           | Town                                    | County                  | MARYLAND         |        |      |
| Date of death                     | Month                                   | Day                     | Years            | Months | Days |
| Sex                               | Color or Race                           | Age                     | 52               | -      |      |
| Occupation                        | Where Residing if not at place of death |                         |                  |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 | Grover King             |                  |        |      |
| Father's Name                     | Thomas Westley Stinchcomb               | Father's Birthplace     | Anne Arundel Co. |        |      |
| Mother's Maiden Name              | Ann Rebecca Chard                       | Mother's Birthplace     | Anne Arundel Co. |        |      |
| Name of person giving Information | Grover King                             | How related to deceased | Husband          |        |      |

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

|  |                           |                        |                         |
|--|---------------------------|------------------------|-------------------------|
| Primary  | Pulmonary Tuberculosis    |                        | 10 years -              |
| Immediate  | Hemorrhage from the Lungs |                        | 5 minutes               |
| Are the name, age, sex, color, date and place correctly given above? |                           | Signature of Physician | James S. Billingsley MD |
|  |                           | Address                | Clayton R. F.D. #1      |
| Accident or Suicide  |                           | No                     | MD                      |



Name  
in  
Full

Berlie May Knight

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                |   |        |                         |              |
|-----------------------------------|----------------|---|--------|-------------------------|--------------|
| Died at                           |                | Town                                    | County | MARYLAND                |              |
| Date of death                     | Month          | Day                                     | Years  | Month                   | Days         |
| 1909                              | Aug.           | 16                                      | Age    | 7                       |              |
| Sex                               | Female         | Color or Race                           | W      | Birth-place             | Adelton Md " |
| Occupation                        | House -        | Where Residing if not at place of death |        |                         |              |
| Married, Single or Widowed        | Single         | Name of Wife or Husband                 |        |                         |              |
| Father's Name                     | Berries Knight |   |        | Father's Birthplace     | A. A. Lo. Ma |
| Mother's Maiden Name              | Clara Wood     |   |        | Mother's Birthplace     | A. G. Lo. Ma |
| Name of person giving Information | Berries Knight |   |        | How related to deceased | Father       |

CAUSES OF DEATH

Primary

Enteric colitis

Immediate

Spasmodics

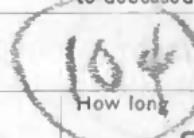
Are the name, age, sex, color, date and place correctly given above?

yes -

Signature of Physician

Address

A. B. Gantz  
Memphis



3 who -

How long

PHYSICIAN  
OR CORONER

Accident or Suicide



61

Name  
in  
Full

Henry Kooss

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                         |           |
|-----------------------------------|---|-------------------------|-----------|
| Died at                           | Town                                    | County                  | MARYLAND  |
| Died at                           | Brooklyn                                | Anne Arundel            |           |
| Date of death                     | Month                                   | Years                   | Months    |
| 1909                              | Aug                                     | 1                       | 5         |
| Age                               | Day                                     |                         | Days      |
| 49                                |   |                         | 23        |
| Sex                               | Color or Race                           | Birth-place             |           |
| Male                              | White                                   | State New York          |           |
| Occupation                        | Where Residing if not at place of death |                         |           |
| Car Builder                       |   | Patapsco Ave            |           |
| Married, Single or Widowed        | Name of Wife or Husband                 |                         |           |
| Married                           |   |                         |           |
| Father's Name                     |   | Father's Birthplace     | Not Known |
| Mother's Maiden Name              | "                                       | Mother's Birthplace     | "         |
| Name of person giving Information | Anna L Kooss                            | How related to deceased | Wife      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Hepatic Cirrhosis

Immediate  
Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

112

How long

about 1 year

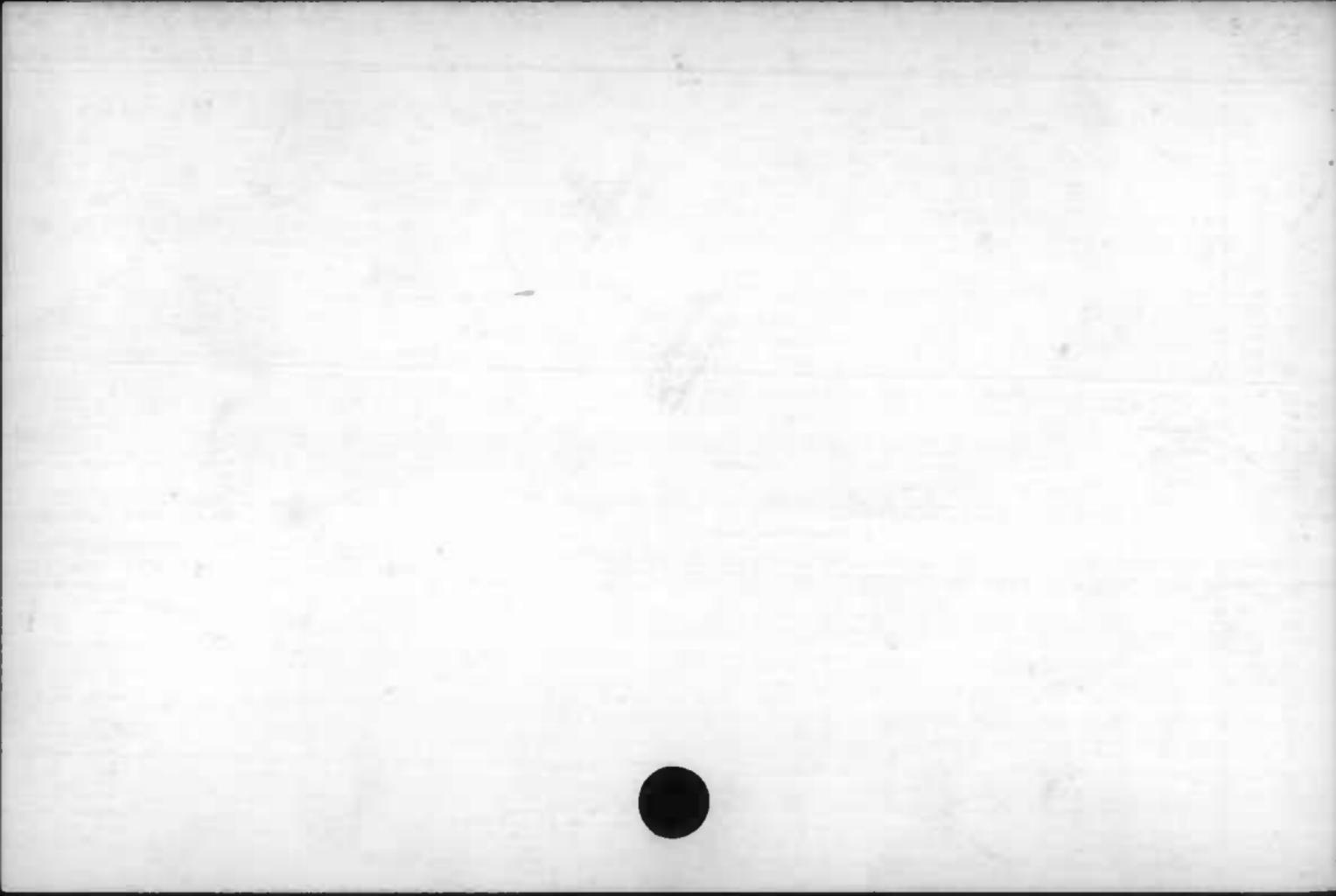
How long

4 weeks

Geo. Heller M.D.

1937 Gough St. Baltimore

Accident or Suicide



Name  
in  
Full

Catherine Kopce

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |                 |                         |   |         |             |               |  |
|-----------------------------------|-----------------|-------------------------|---|---------|-------------|---------------|--|
| Died at                           |                 | Town                    | County                                  |         | MARYLAND    |               |  |
| Date of death                     | 1909            | Month Aug               | Day 11                                  | Years — | Months —    | Days —        |  |
| Sex                               | Female          | Color or Race           | white                                   |         | Birth-place | So. Belts, Md |  |
| Occupation                        | —               |                         | Where Residing if not at place of death |         |             | —             |  |
| Married, Single or Widowed        | —               | Name of Wife or Husband | —                                       |         | —           |               |  |
| Father's Name                     | Frank Kopce     |                         | Father's Birthplace                     |         |             | Austria       |  |
| Mother's Maiden Name              | Mary Tvardoroka |                         | Mother's Birthplace                     |         |             | Austria       |  |
| Name of person giving information | Frank Kopce     |                         | How related to deceased                 |         |             | Father        |  |

9

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Premature Birth

151

How long

Lived one day

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

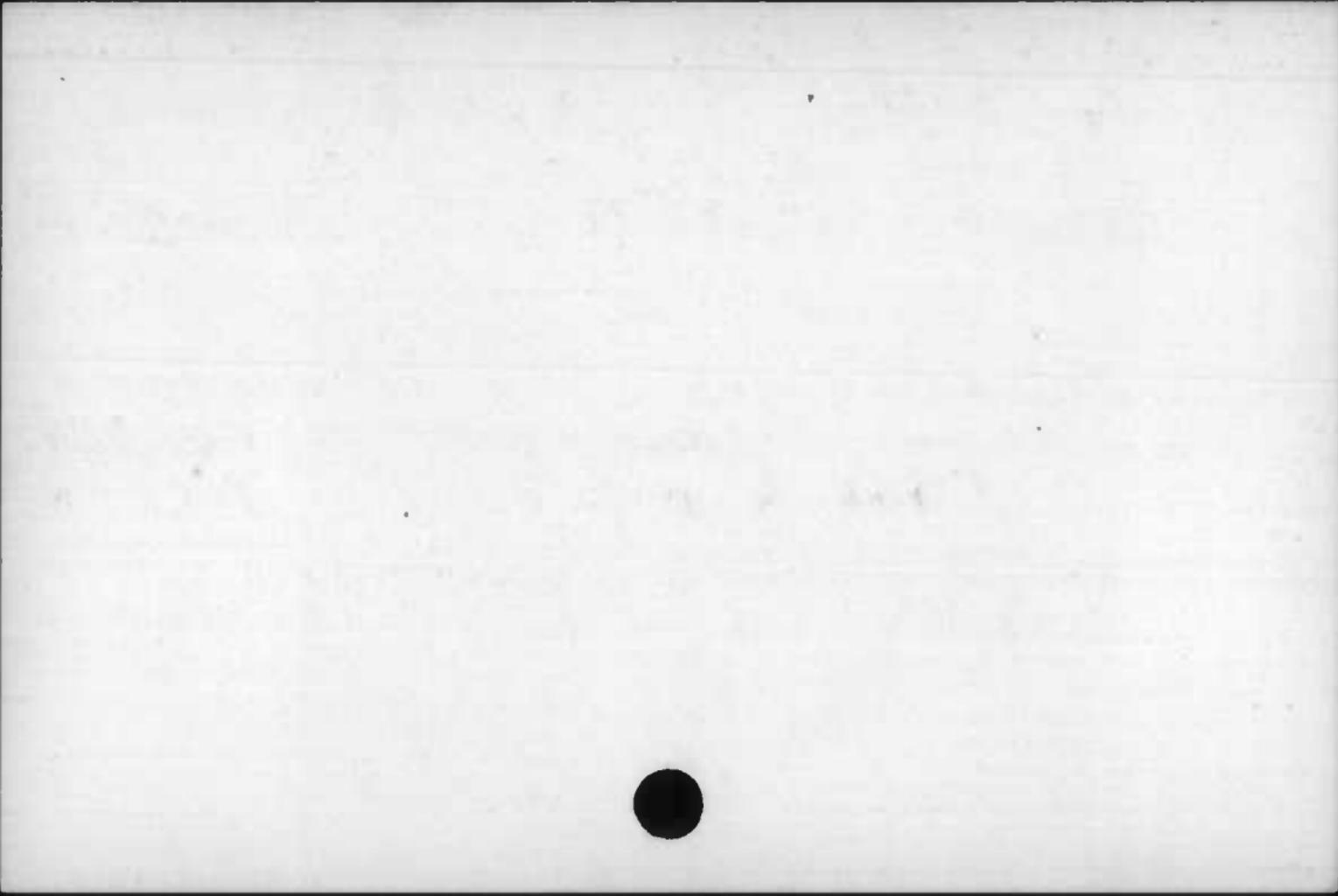
yes

Signature of Physician

Address

Thos. B. Norton M.D.  
So. Belts, Md

~~Indicates Suicide?~~



Name  
in  
Full

Rosie Kopec

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |               |          |        |      |         |
|-----------------------------------|---|---------------|----------|--------|------|---------|
| Died at                           | Town                                    | County        | MARYLAND |        |      |         |
| Date of death                     | Month                                   | Day           | Years    | Months | Days |         |
| Sex                               | Color or Race                           | Age           | 16       |        |      |         |
| Occupation                        | Where Residing if not at place of death |               |          |        |      |         |
| Married, Single or Widowed        | Name of Wife or Husband                 | So. Baltz, Md |          |        |      |         |
| Father's Name                     | Frank Kopec                             |               |          |        |      | Austria |
| Mother's Maiden Name              | Mary Twardorska                         |               |          |        |      | Austria |
| Name of person giving Information | Frank Kopec                             |               |          |        |      | Father  |

12

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Infantile Convulsions

71

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

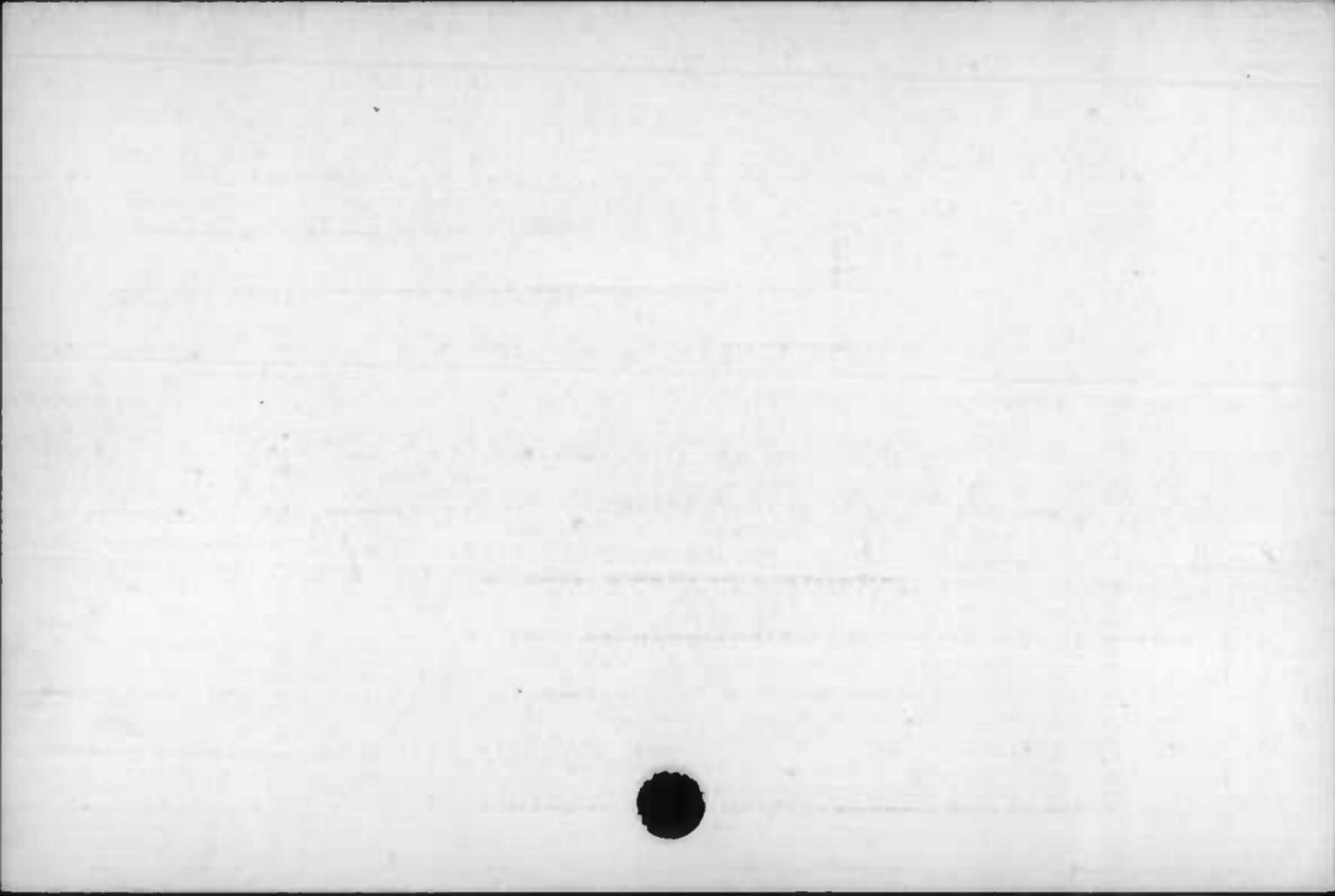
How long

Signature of  
Physician

Address

John B. Norton M.D.  
So. Baltz, Md -

Accident or Suicide?



Name  
in  
Full

Franklin Leitch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Days

Died at

Town

County

Date of death

Month

Day

Years

Months

1909 Aug

21

Age

59

Days

Sex

Male

Color or  
Race

White -

Birth-  
place

Friendship

Occupation

Merchant

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Benjamin Leitch

Father's  
Birthplace

Md

Mother's  
Maiden Name

Charlotte Ford

Mother's  
Birthplace

Md

Name of person giving  
Information

Mary Leitch

How related  
to deceased

Sister in law

CAUSES OF DEATH

Primary

Cancer of Neck and Face  
Heart Exhaustion

44

Immediate

One year  
24 Hours

Are the name, age, sex, color, date  
and place correctly given above?

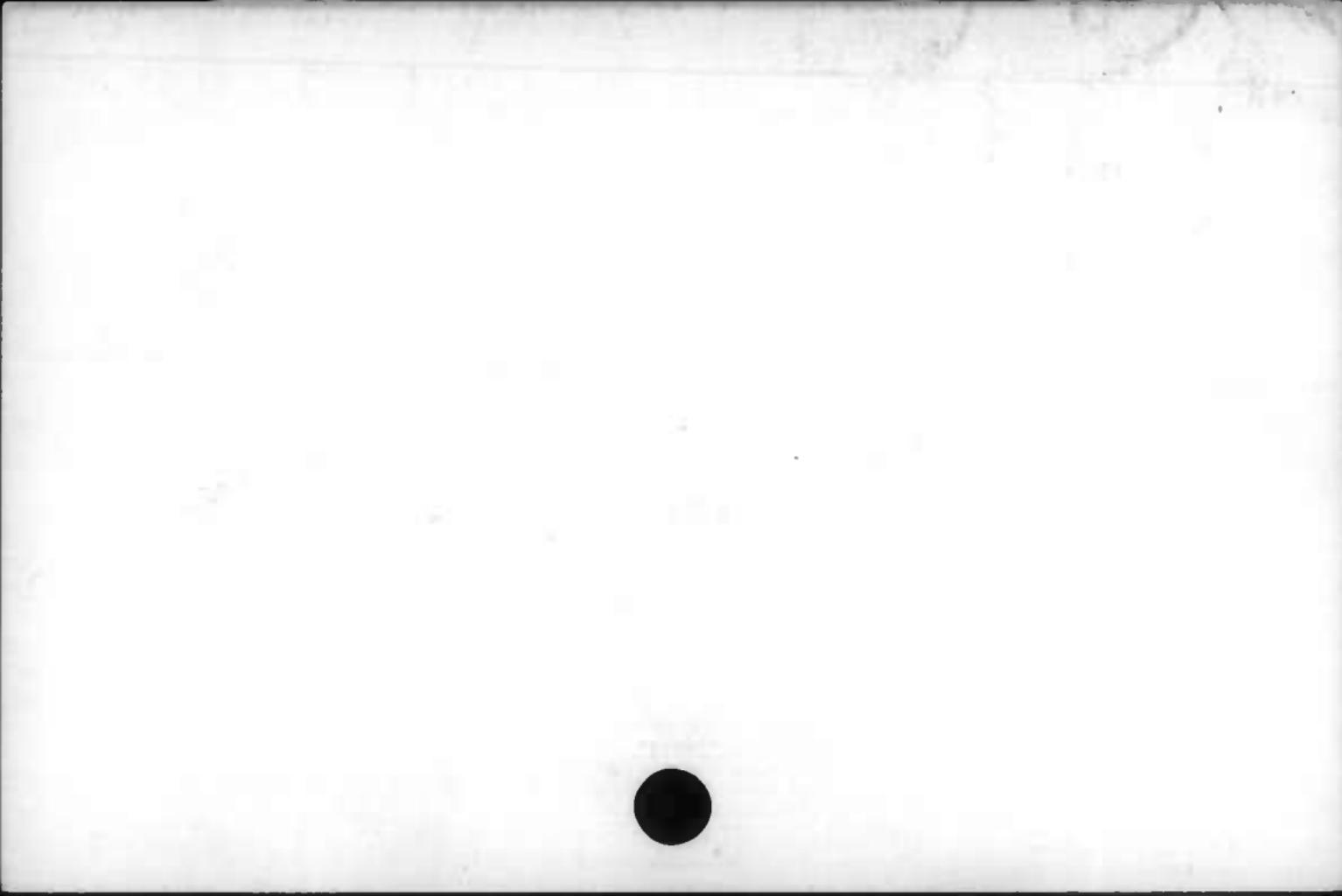
Signature of  
Physician

Address

L. Brayshaw  
Friendship  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Clarence Mackall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |     |                                    |          |      |   |
|-----------------------------------|---|-----|------------------------------------|----------|------|---|
| Died at                           | Town                                    |     | County                             | MARYLAND |      |   |
| Date of death                     | Month                                   | Day | Years                              | Months   | Days |   |
| Sex                               | Color or Race                           | Age | Birthplace                         |          |      |   |
| Occupation                        | Where Residing if not at place of death |     |                                    |          |      | — |
| Married, Single or Widowed        | Name of Wife or Husband                 |     | —                                  |          |      |   |
| Father's Name                     | Andrew Mackall                          |     | Father's Birthplace A.A. Co.       |          |      |   |
| Mother's Maiden Name              | Henrietta Culbertson                    |     | Mother's Birthplace St. Mary's Co. |          |      |   |
| Name of person giving Information | Jerry Osborne                           |     | How related to deceased Friend     |          |      |   |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acute Indigestion

How long

12 hours

Immediate

Heart Failure

How long

Immediately

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

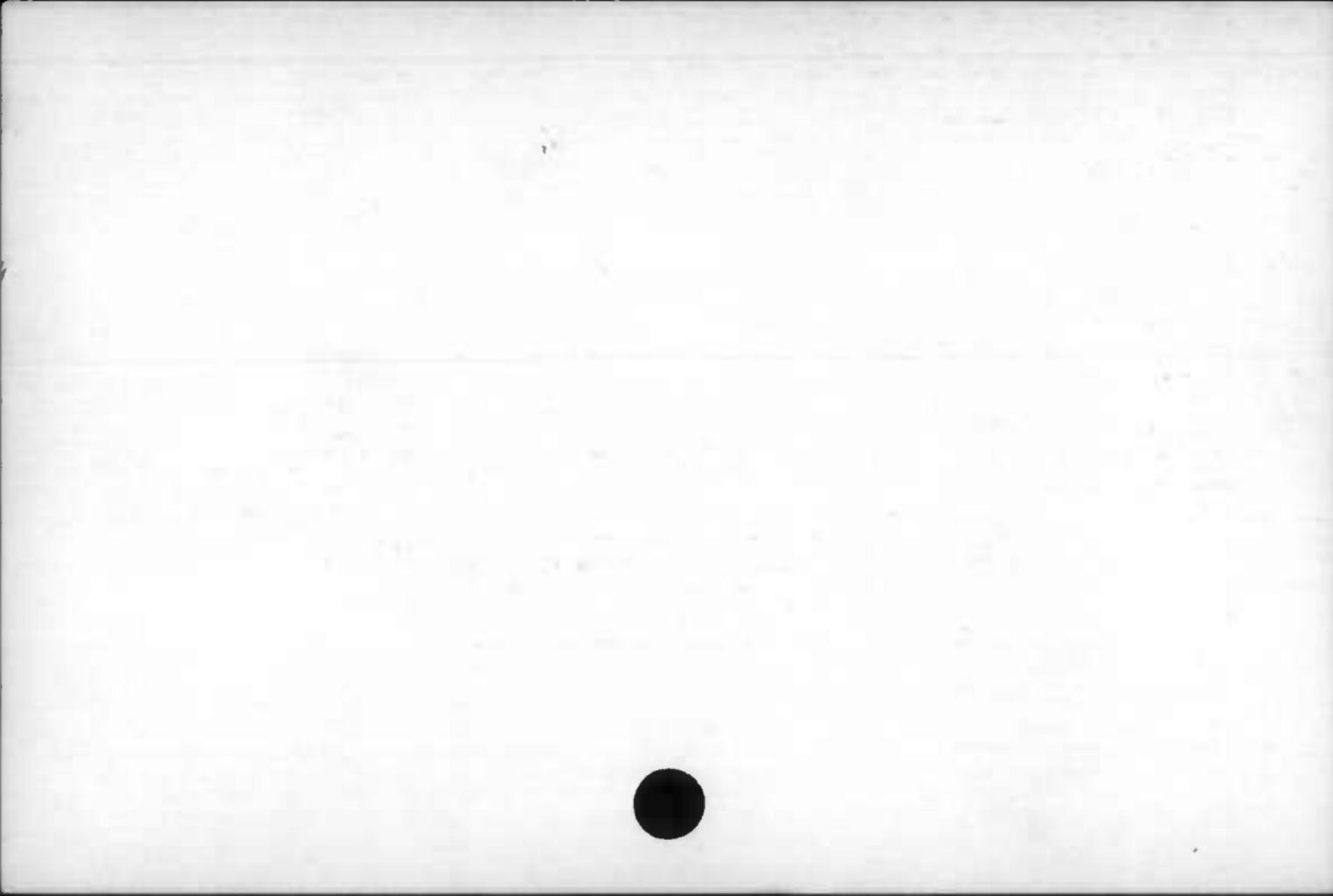
Address

James S. Bellingsley, M.D.  
Subrogation 3rd death place

Accident or Suicide

No

ma



Name  
in  
Full

John W. W. McPherson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                    |                         |   |             |          |      |  |
|-----------------------------------|--------------------|-------------------------|---|-------------|----------|------|--|
| Died at                           |                    | Town                    | County                                  |             | MARYLAND |      |  |
| Date of death                     | 1909               | Month Aug               | Day 13                                  | Years 67    | Months   | Days |  |
| Sex                               | male               | Color or Race           | white                                   | Birth-place | Brooklyn |      |  |
| Occupation                        | Policeman          |                         | Where Residing if not at place of death | Westamold   |          |      |  |
| Married, Single or Widowed        | married            | Name of Wife or Husband | Emma J. McPherson                       |             |          |      |  |
| Father's Name                     | John J. McPherson. |                         | Father's Birthplace                     | Dont know   |          |      |  |
| Mother's Maiden Name              | Elizabeth          |                         | Mother's Birthplace                     | Dont know   |          |      |  |
| Name of person giving information | W. F. Quitt        |                         | How related to deceased                 | None        |          |      |  |

CAUSES OF DEATH

41

PHYSICIAN  
OR CORONER

|  |                    |                        |                                    |            |
|--|--------------------|------------------------|------------------------------------|------------|
| Primary  | Carcinoma of Bowel |                        | How long                           | 6 months?  |
| Immediate  | Asthenia           |                        | How long                           | 2 or 3 wks |
| Are the name, age, sex, color, date and place correctly given above? |                    | Signature of Physician | Ollie P. Purvis<br>Annapolis<br>Md |            |
|  |                    | Address                |                                    |            |
| Accident or Suicide?   |                    |                        |                                    |            |



Name  
in  
Full

Mary Elizabeth Market

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                         |                         |                  |
|-----------------------------------|-------------------------|-------------------------|------------------|
| Died at                           | Town                    | County                  | MARYLAND         |
| Date of death                     | Month                   | Year                    | Months           |
| 1909                              | Aug.                    | 7                       | 8                |
| Sex                               | Age                     | Days                    |                  |
| Female                            | -                       | -                       |                  |
| Occupation                        | Color or Race           | Birth-place             |                  |
| Infant                            | Colored.                | Anne Arundel Co.        |                  |
| Married, Single or Widowed        | Name of Wife or Husband |                         |                  |
| Single.                           | Samuel Market.          |                         |                  |
| Father's Name                     |                         | Father's Birthplace     | Anne Arundel Co. |
| Mother's Maiden Name              | Elijah Market           | Mother's Birthplace     | Anne Arundel Co. |
| Name of person giving Information | Samuel Market.          | How related to deceased | Father -         |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Infantum

105

How long

6 weeks.

Immediate

Exhaustion

How long

Immediately.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

James S. Billingsley M.D.

Clerk of R. F. D. #1

7/2

Accident or Suicide

No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Herbert Martin

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date  
of death

1909

Month

Day

Years

Months

Days

Age

Sex

Male

Color of  
Race

White

Birth-  
place

Annapolis

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Roy S. Martin

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Mary S. Mitchell

Mother's  
Birthplace

Annapolis

Name of person giving  
Information

Mary S. Martin

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Probably Capillary Bronchitis

92

X

Immediate

Asthenia

How long

one week

Are the name, age, sex, color, date  
and place correctly given above?

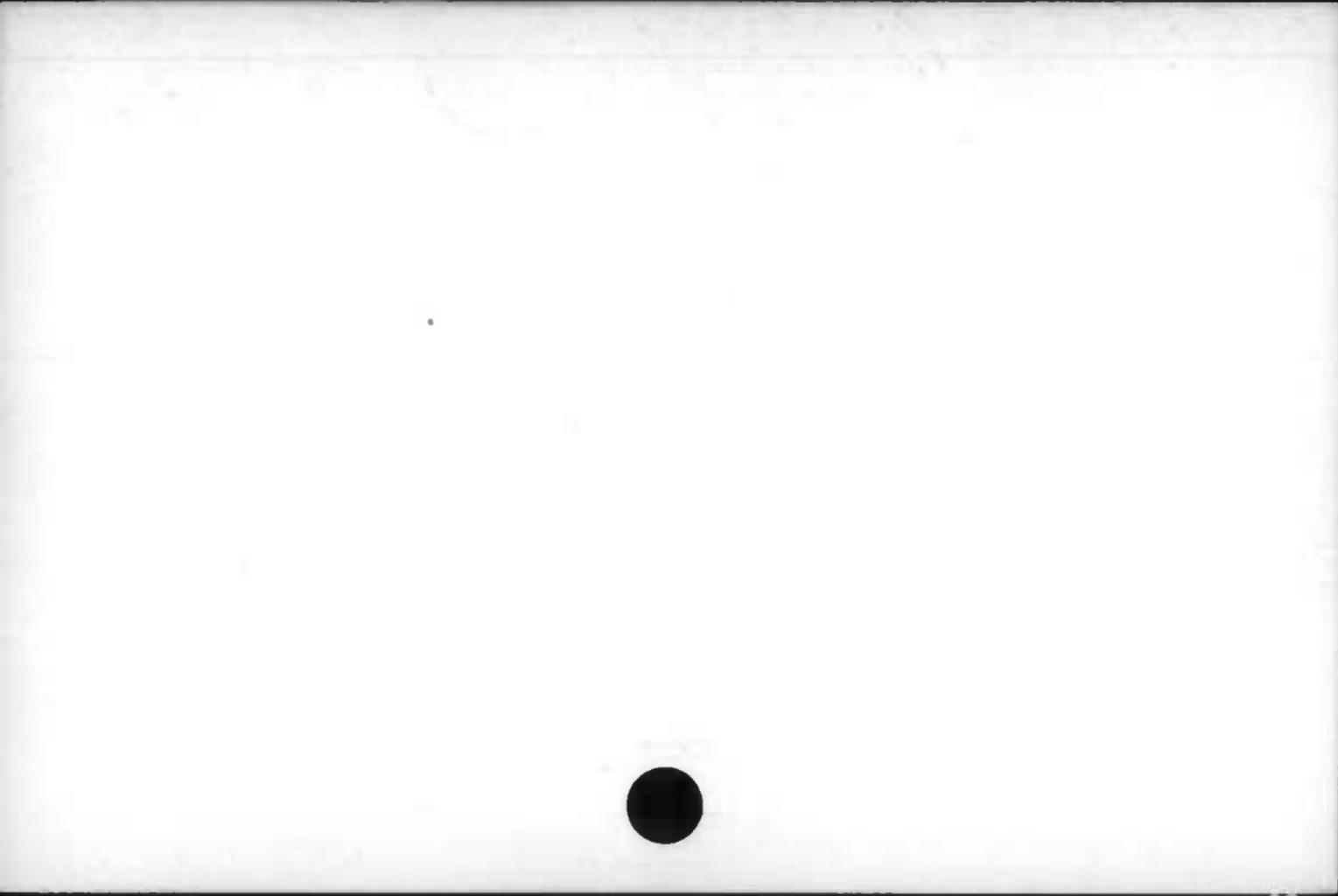
yes

Signature of  
Physician

Address

W. S. Welch, Health Officer  
Annapolis

Accident or Suicide



Name  
in  
Full

John W. Matthews

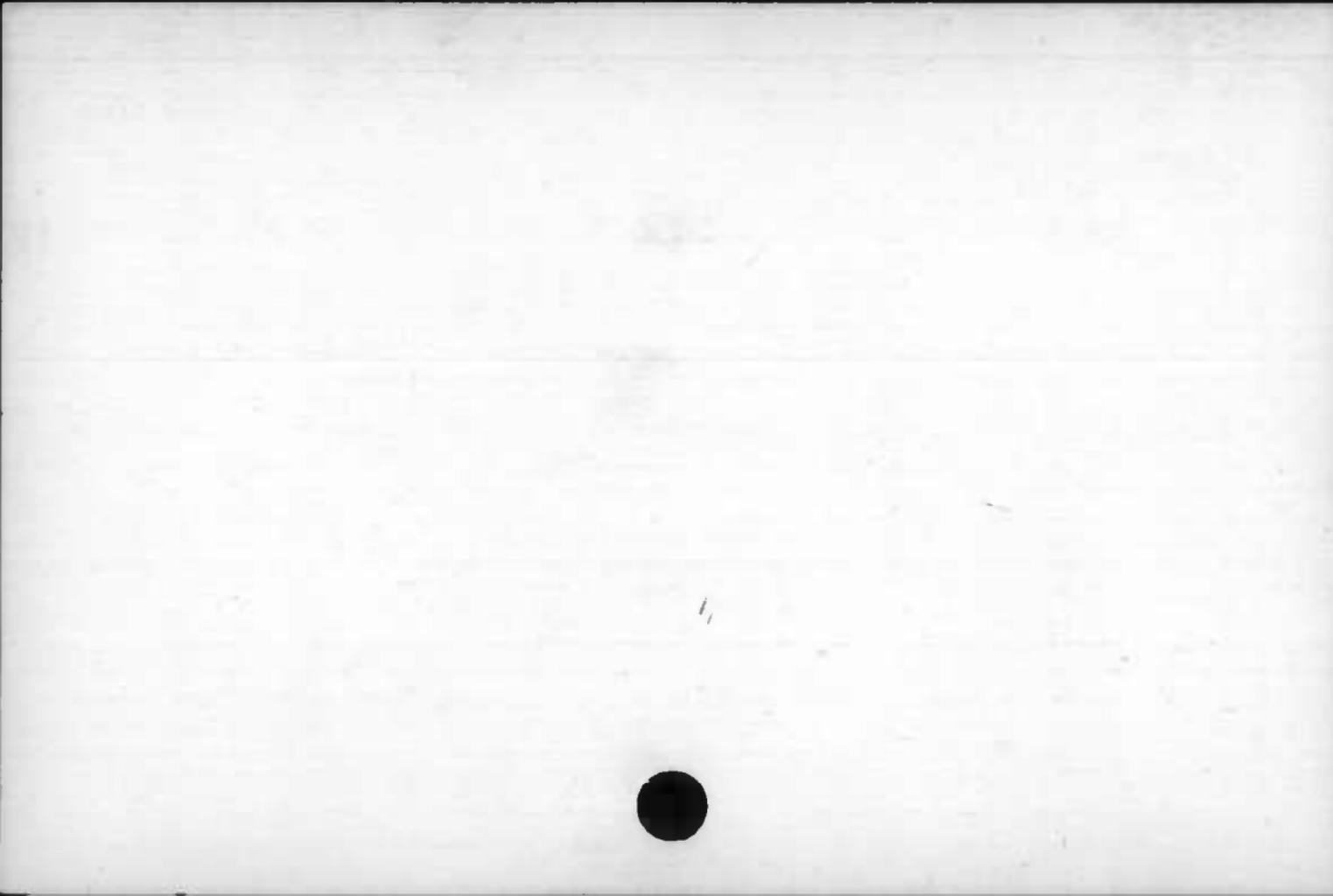
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

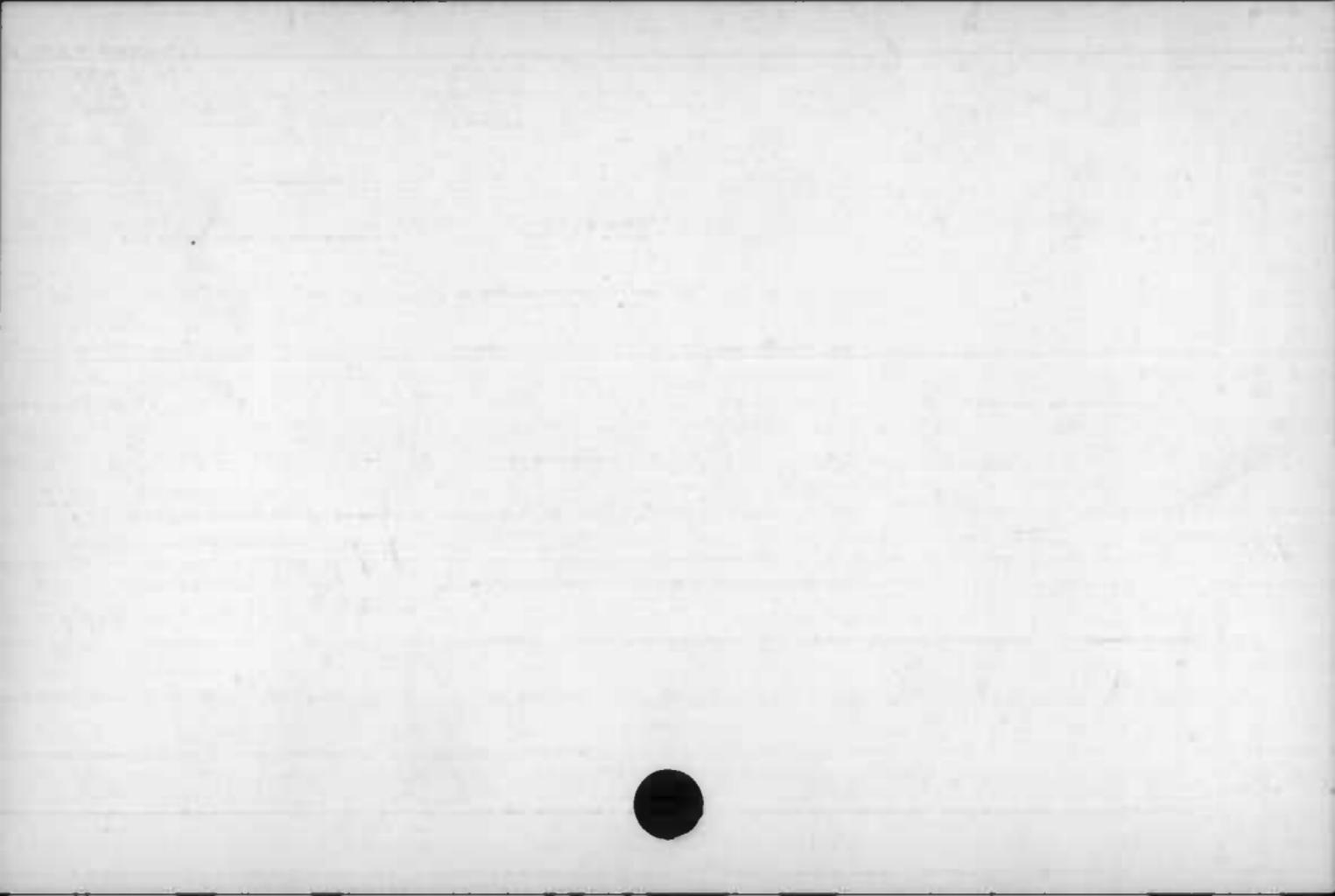
|  |  |   |                             |                  |                                  |        |
|--|--|---|-----------------------------|------------------|----------------------------------|--------|
| Died at Shady Side   |  | Town                                    | County Anne Arundel         |                  | MARYLAND                         |        |
| Date of death 1909   | Month Aug.   | Day 8th                                 | Age 40                      | Years            | Montha 6                         | Days 8 |
| Sex Male   | Color or Race Colored                                  | Where Residing if not at place of death |                             | Anne Arundel Co. |                                  |        |
| Occupation Blacksmith  | Name of Wife or Husband Julia Smith                    |   | Father's Birthplace Unknown |                  | Mother's Birthplace A. A. Co 2nd |        |
| Married, Single or Widowed Married                                   | Name of Wife or Husband Julia Smith                    |   | Father's Birthplace Unknown |                  | Mother's Birthplace A. A. Co 2nd |        |
| Father's Name Unknown  | Name of Wife or Husband Julia Smith                    |   | Father's Birthplace Unknown |                  | Mother's Birthplace A. A. Co 2nd |        |
| Mother's Maiden Name Harriett Matthews                               | Name of Wife or Husband Julia Smith                    |   | Father's Birthplace Unknown |                  | Mother's Birthplace A. A. Co 2nd |        |
| Name of person giving information John H. Matthews                   | Name of Wife or Husband Julia Smith                    |   | Father's Birthplace Unknown |                  | Mother's Birthplace A. A. Co 2nd |        |
| CAUSES OF DEATH  |  |   |                             |                  |                                  |        |
| Primary  | General Arterio-Sclerosis - Binswanger Atrophy, 1 year |   |                             |                  |                                  |        |
| Immediate  | Exhaustion   |   |                             |                  |                                  |        |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician                  | G. R. W. Wilson, Jr.        |                  |                                  |        |
| Yes -  |  | Address                                 | 8 Churchton, Md.            |                  |                                  |        |

PHYSICIAN  
OR CORONER

Accident or Suicide



|  |                  |           |                         |                      |          |   |
|--|------------------|-----------|-------------------------|----------------------|----------|---|
| Frances E. Matyisch  |                  |           |                         | CERTIFICATE OF DEATH |          |   |
| Died at  |                  | Town      | County                  |                      | MARYLAND |   |
| Date of death  | 1909             | Month Aug | Day 17 <sup>th</sup>    | Years                | Months 8 | Days 28                                 |
| Sex  | Female           |           | Color or Race           | White                |          | Birth-place                             |
| Occupation   |                  |           |                         |                      |          | Where Residing if not at place of death |
| Married, Single or Widowed   |                  |           | Name of Wife or Husband |                      |          |   |
| Father's Name  | George Matyisch  |           | Father's Birthplace     | Unknown              |          |   |
| Mother's Maiden Name   | Pauline Tabber   |           | Mother's Birthplace     | Germany              |          |   |
| Name of person giving Information                                    | Pauline Matyisch |           | How related to deceased | Mother               |          |   |
| CAUSES OF DEATH  |                  |           |                         | 179                  |          |   |
| Primary  | Maraesmus        |           | How long                | one month            |          |   |
| Immediate  |                  |           | How long                |                      |          |   |
| Are the name, age, sex, color, date and place correctly given above? |                  |           | Signature of Physician  | J. B. Norton M.D.    |          |   |
|  |                  |           | Address                 | So. Balt., Md.       |          |   |
| Accident or Suicide?   |                  |           |                         |                      |          |   |



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Edward V. Miller

CERTIFICATE OF DEATH

MARYLAND

Town

County

Died at

Annapolis

Anne Arundel

Month

Day

Years

Months

Days

Date  
of death

1909 Aug 18

Age

2

Sex

Male

Color or  
Race

White

Birth-  
place

Occupation

Infant

Where Residing if not  
at place of death

Annapolis, Md.

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

David B. Miller

Father's  
Birthplace

Annapolis, Md.

Mother's  
Maiden Name

Blanche Jones

Mother's  
Birthplace

2nd dist. All Co.

Name of person giving  
Information

David B. Miller

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Acute Gastro - Enteritis

102

Immediate

Convulsions

How long

5 days.

Are the name, age, sex, color, date  
and place correctly given above?

yes

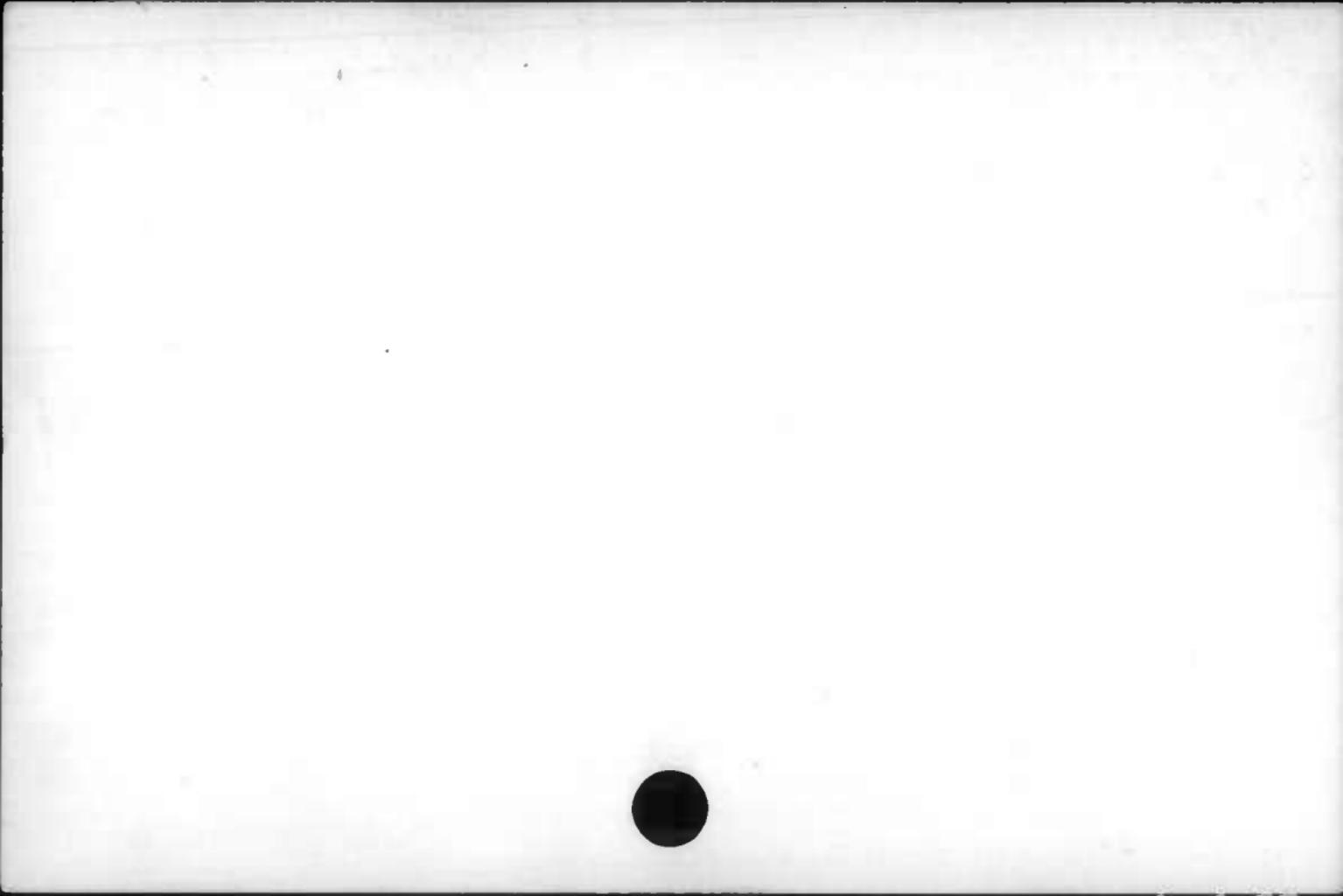
Signature of  
Physician

Address

David B. Deuker  
Annapolis, Md.

Accident or Suicide

Neither



TO BE ANSWERED BY

NEAREST FRIEND

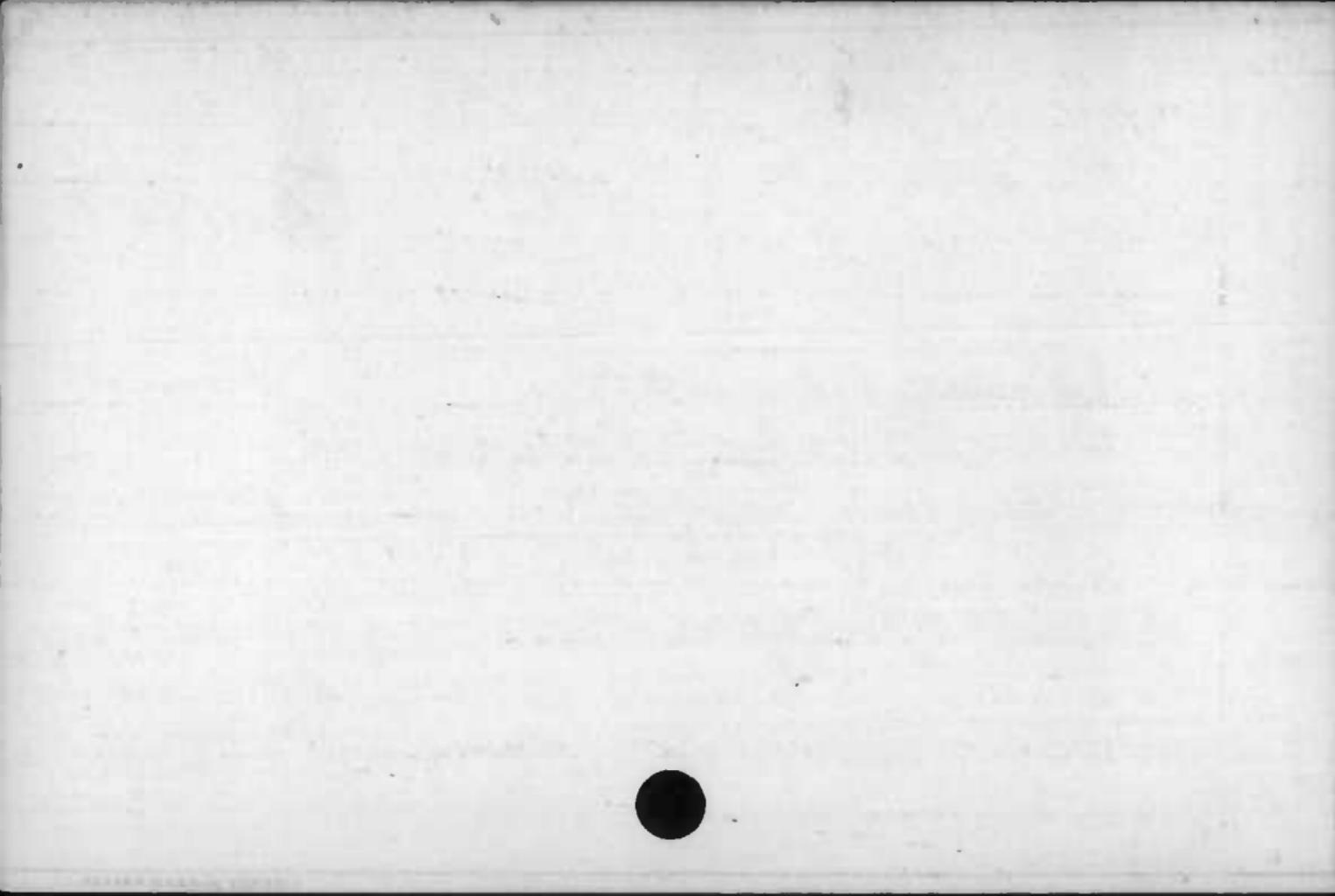
|  |                              |  |               |
|--|------------------------------|--|---------------|
| Died at <b>Dearthman</b> Town <b>Oden</b>              |                              | <b>Anne Hunder</b> County <b>MARYLAND</b>  |               |
| Date of death <b>1909</b>                              | Month <b>August</b>          | Day <b>7</b>                               | Years         |
| Age  |                              |  | Months        |
| Sex <b>Male</b>  | Color or Race <b>Colored</b> | Birthplace <b>Atcoile</b>                  | Days <b>7</b> |
| Occupation   |                              | Where Residing if not at place of death    |               |
| Married, Single or Widowed                             |                              | Name of Wife or Husband                    |               |
| Father's Name <b>Robert Oden</b>                       |                              | Father's Birthplace <b>Atcoile</b>         |               |
| Mother's Maiden Name <b>Mabel Cook</b>                 |                              | Mother's Birthplace <b>Atcoile</b>         |               |
| Name of person giving information <b>Edmona Hunder</b> |                              | How related to deceased <b>Grandmother</b> |               |

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

|  |   |  |
|--|---|--|
| Primary  | <b>Grandmother - want of assimilation</b> |  |
| Immediate  | <b>of food</b> <b>debility -</b>          |  |
| Are the name, age, sex, color, date and place correctly given above? |   |  |
| <b>yes</b>   |   |  |
| Signature of Physician <b>W. P. Brubersordt</b>                      |   |  |
| Address <b>Hanover Md</b>  |   |  |
| Accident or Suicide?   |   |  |



Name  
in  
Full

Eva J. Raqucki

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

|   |   |                 |              |                         |                 |
|---|---|-----------------|--------------|-------------------------|-----------------|
| Died at <u>So Balty</u>                               |   | County <u>A</u> |              | MARYLAND                |                 |
| Date of death <u>1909</u>                             | Month <u>Aug</u>                        | Day <u>6</u>    | Age <u>2</u> | Months <u>✓</u>         | Days <u>21</u>  |
| Sex <u>Female</u>                                     | Color or Race                           | <u>white</u>    |              | Birth-place             | <u>So Balty</u> |
| Occupation  | Where Residing if not at place of death |                 |              | ✓                       |                 |
| Married, Single or Widowed                            | Name of Wife or Husband                 |                 |              | ✓                       |                 |
| Father's Name <u>Ignac Raqucki</u>                    |   |                 |              | Father's Birthplace     | <u>Poland</u>   |
| Mother's Maiden Name <u>Amie Jardus Kouski</u>        |   |                 |              | Mother's Birthplace     | "               |
| Name of person giving information <u>Amie Raqucki</u> |   |                 |              | How related to deceased | <u>Mother</u>   |

CAUSES OF DEATH

105

X

Primary Gastro Enteritis One week

How long

How long

PHYSICIAN  
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

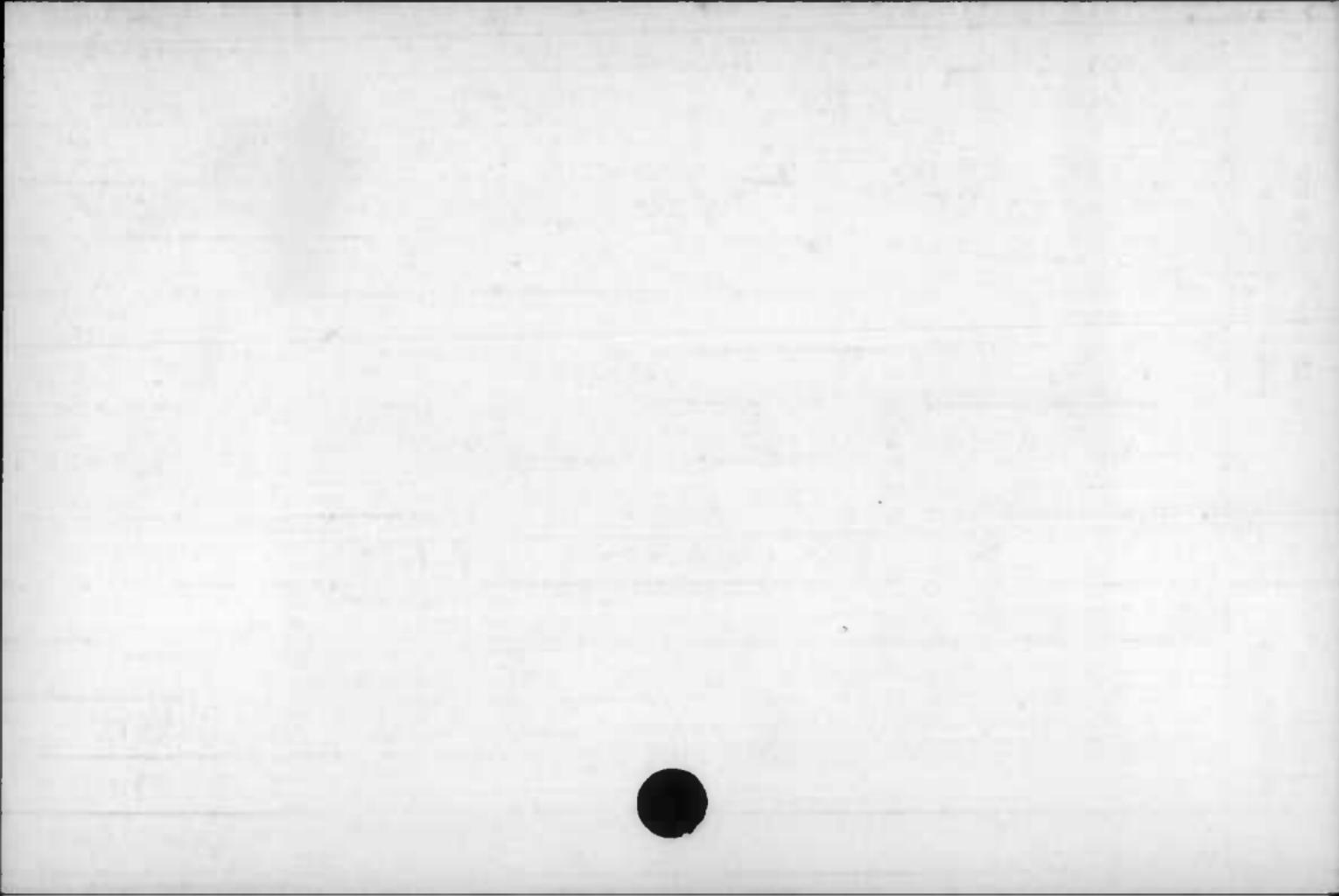
yes

Signature of Physician

Address

John B. Horton MD  
So. Balty, Md

Accident or Suicide?



Name  
in  
Full

Nellie E. Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |                                    |     |                 |              |
|---|---|------------------------------------|-----|-----------------|--------------|
| Died at<br>Solley   |   | Town<br>Solley                     |     | County<br>a. a. |              |
| Date<br>of death<br>1909                                    | Month<br>Aug                                    | Day<br>23                          | Age | Years<br>—      | Months<br>51 |
| Sex<br>Male   | Color or<br>Race                                | Days<br>—                          |     |                 |              |
| Occupation<br>—   | Where Residing if not<br>at place of death<br>— |                                    |     |                 |              |
| Married, Single<br>or Widowed<br>—                          | Name of Wife or<br>Husband<br>—                 | Father's<br>Birthplace<br>Hills Md |     |                 |              |
| Father's<br>Name<br>Grafton G. Robinson                     | Mother's<br>Birthplace<br>Md                    |                                    |     |                 |              |
| Mother's<br>Maiden Name<br>Nellie Goff                      | How related<br>to deceased<br>Father            |                                    |     |                 |              |
| Name of person giving<br>Information<br>Grafton G. Robinson |   |                                    |     |                 |              |

11

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Moræmus

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

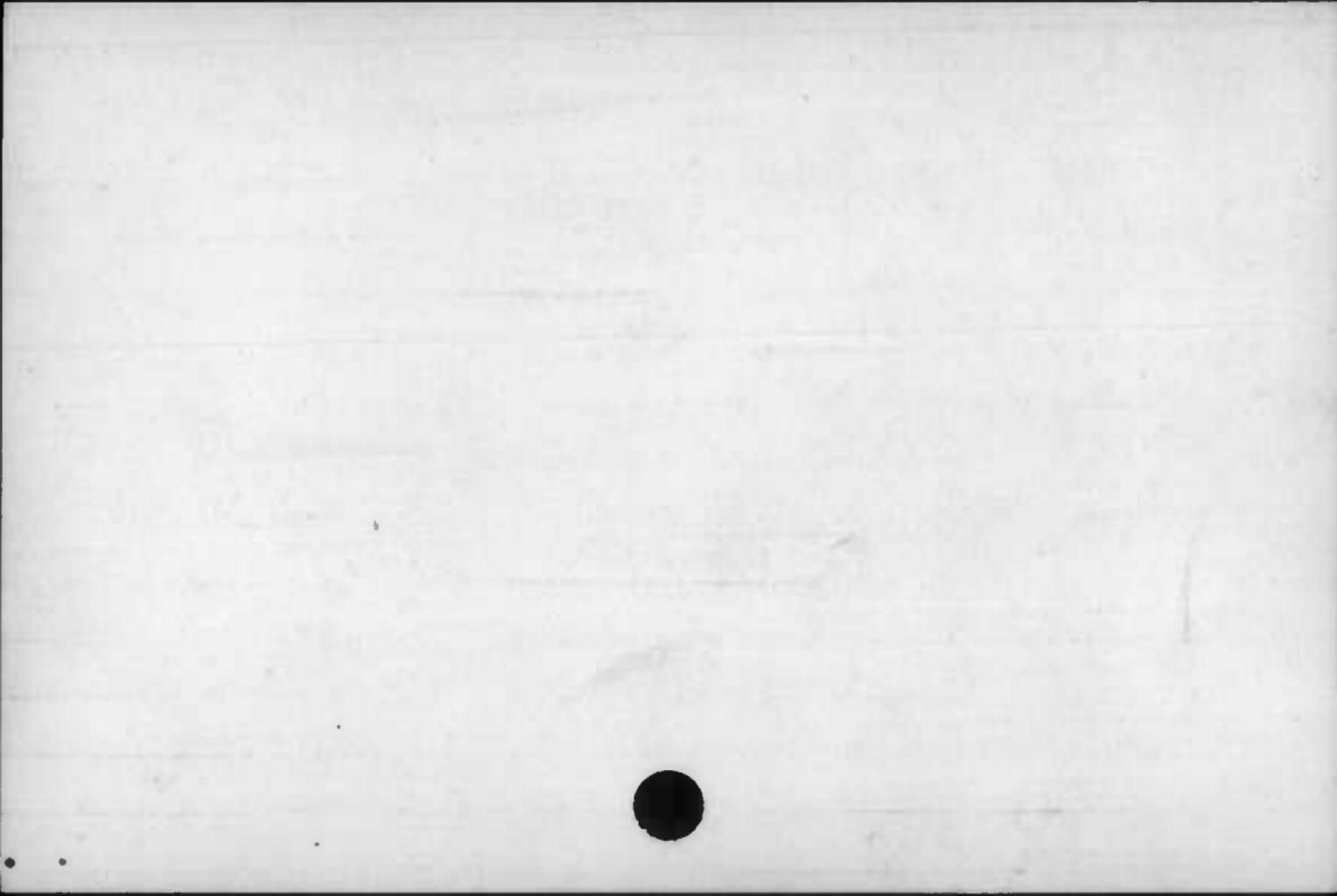
yes

Signature of  
Physician

Address

Thos. B. Horton Md.  
30. Balto. Md.

Accident or Suicide?



Mary Louise Sanders

## CERTIFICATE OF DEATH

|                                   |   |                         |               |     |                         |      |  |
|-----------------------------------|---|-------------------------|---------------|-----|-------------------------|------|--|
| Died at                           |   | Town                    | County        |     | MARYLAND                |      |  |
|                                   |   | Brooklyn                | Anne Arundel  |     |                         |      |  |
| Date of death                     | Month                                   | Day                     | Years         | Age | Months                  | Days |  |
| 1909                              | Aug.                                    | 23                      | 5-9           | 5-9 | 8                       | 21   |  |
| Sex                               | Color or Race                           |                         | white         |     | Birth-place             |      |  |
| Female                            |   |                         |               |     | Essex Co.               |      |  |
| Occupation                        | Where Residing if not at place of death |                         |               |     |                         |      |  |
| Housewife                         |   | -                       |               |     |                         |      |  |
| Married, Single or Widowed        | Widow                                   | Name of Wife or Husband | John Saunders |     |                         |      |  |
| Father's Name                     | Wm. Faulkner                            |                         |               |     | Father's Birthplace     | va   |  |
| Mother's Maiden Name              | Mary L.                                 |                         |               |     | Mother's Birthplace     | va   |  |
| Name of person giving Information | Luther N. Saunders                      |                         |               |     | How related to deceased | Son  |  |

## CAUSES OF DEATH

79

Primary

Myocarditis

How long

—

Immediate

Acute cardiac dilatation <sup>of lungs</sup> oedema

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

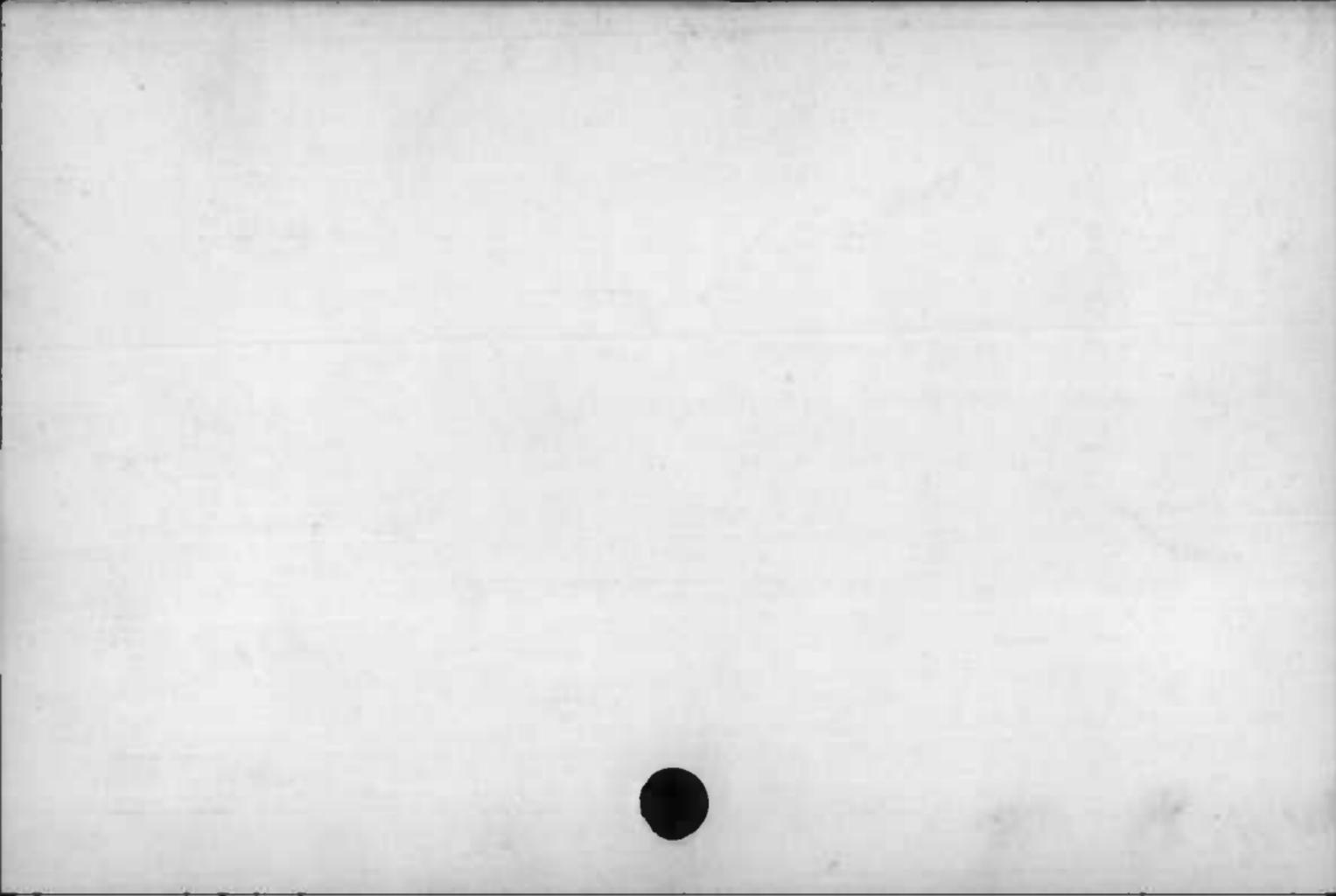
Signature of Physician

Flora Pollack

Address

315-Professional Bldg.

Accident or Suicide?



Name  
in  
Full

Bertha Sims

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Annapolis Town A. A. County

Date of death 1909 Month Day

Years

4 Age

Sex Female Color or Race Colored

Occupation None

Months Days

4 2

Birth-place Annapolis

Where Raiding if not  
at place of death

Married, Single  
or Widowed

Singl

Name of Wife or  
Husband

None

Father's  
Name

John Sims

Father's  
Birthplace

Annapolis, Md

Mother's  
Maiden Name

Mary Miller

Mother's  
Birthplace

Ed. L. & Md

Name of person giving  
Information

Worley Sims

How related  
to deceased

Mother

Primary

CAUSES OF DEATH

Congenital debility

151

Immediate

Exhaustion

How long

4 m 12 d.  
One week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

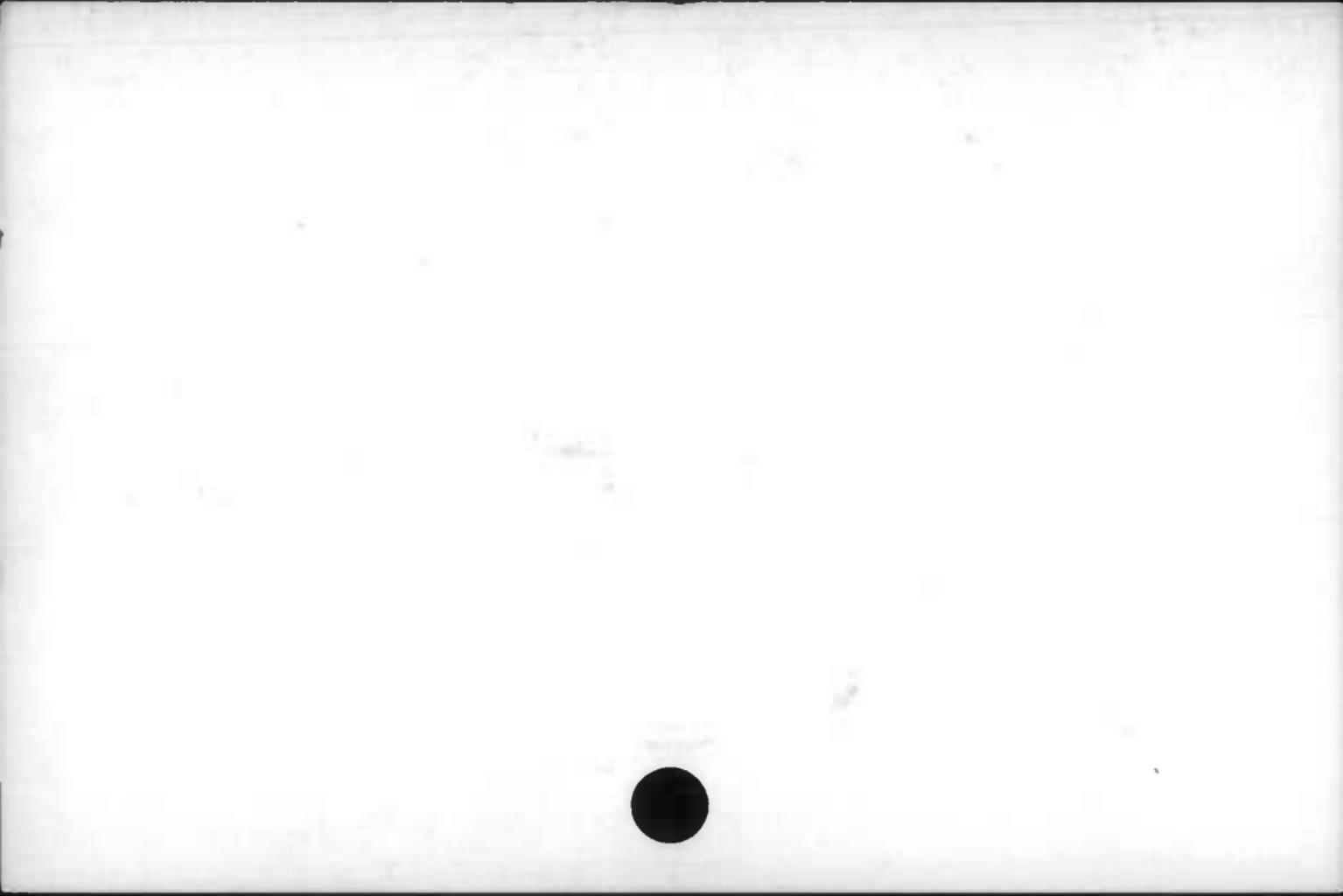
Address

R. D. Deeser  
69 Cathedral St.  
Annapolis

Accident or Suicide

no

PHYSICIAN  
OR CORONER



Name  
in  
Full

Abraham Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |  |   |        |       |                         |               |               |
|-----------------------------------|--|---|--------|-------|-------------------------|---------------|---------------|
| Died at                           |  | Town                                    | County |       | MARYLAND                |               |               |
| Date of death 190                 |  | Month 9                                 | Day 10 | Years | Months                  | Days          |               |
| Sex Male                          |  | Color or Race Black                     | Age 1  |       | Birth-place             | Davidsonville |               |
| Occupation                        |  | Where Residing if not at place of death |        |       |                         |               |               |
| Married, Single or Widowed        |  | Name of Wife or Husband                 |        |       |                         |               |               |
| Father's Name                     |  | Wm. Smith                               |        |       | Father's Birthplace     |               | Davidsonville |
| Mother's Maiden Name              |  | Henry <del>Downs</del>                  |        |       | Mother's Birthplace     |               | Galesville    |
| Name of person giving information |  | Wm. Smith                               |        |       | How related to deceased |               | Father        |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Unknown

179

How long

Unknown

Immediate

Are the name, age, sex, color, date and place correctly given above?

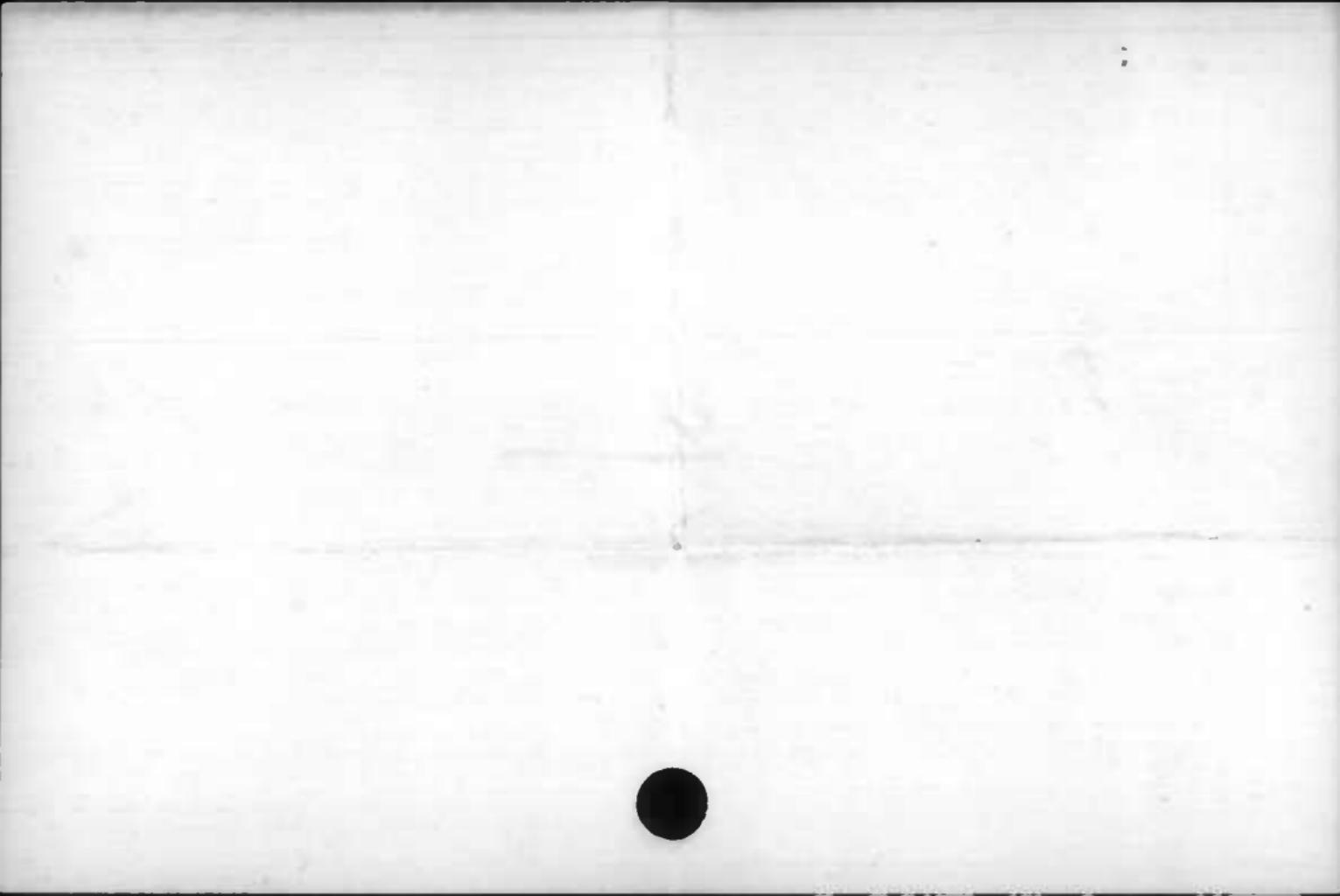
Yes

Signature of Physician

Address

B. R. Davidson  
Davidsonville  
728,

Accident or Suicide



Name  
in  
Full

Henrietta Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Annapolis

Town

MARYLAND

Date of death 1909 Aug

Month

Day

County

ct. at

Years

Month

Day

19

Age

2

Color or  
Race

Colored

Birth-  
place

Annapolis

Sex Female

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's

Name Moses Smith

Father's  
Birthplace

Newport R. I.

Mother's  
Maiden Name

Josephine Cornish

Mother's  
Birthplace

Annapolis Md

Name of person giving  
Information

Josephine Smith

How related  
to deceased

Mother

CAUSES OF DEATH

151

Primary

Marasmus  
exhaustion

How long

Immediats

Since

Are the name, age, sex, color, date  
and place correctly given above?

yes

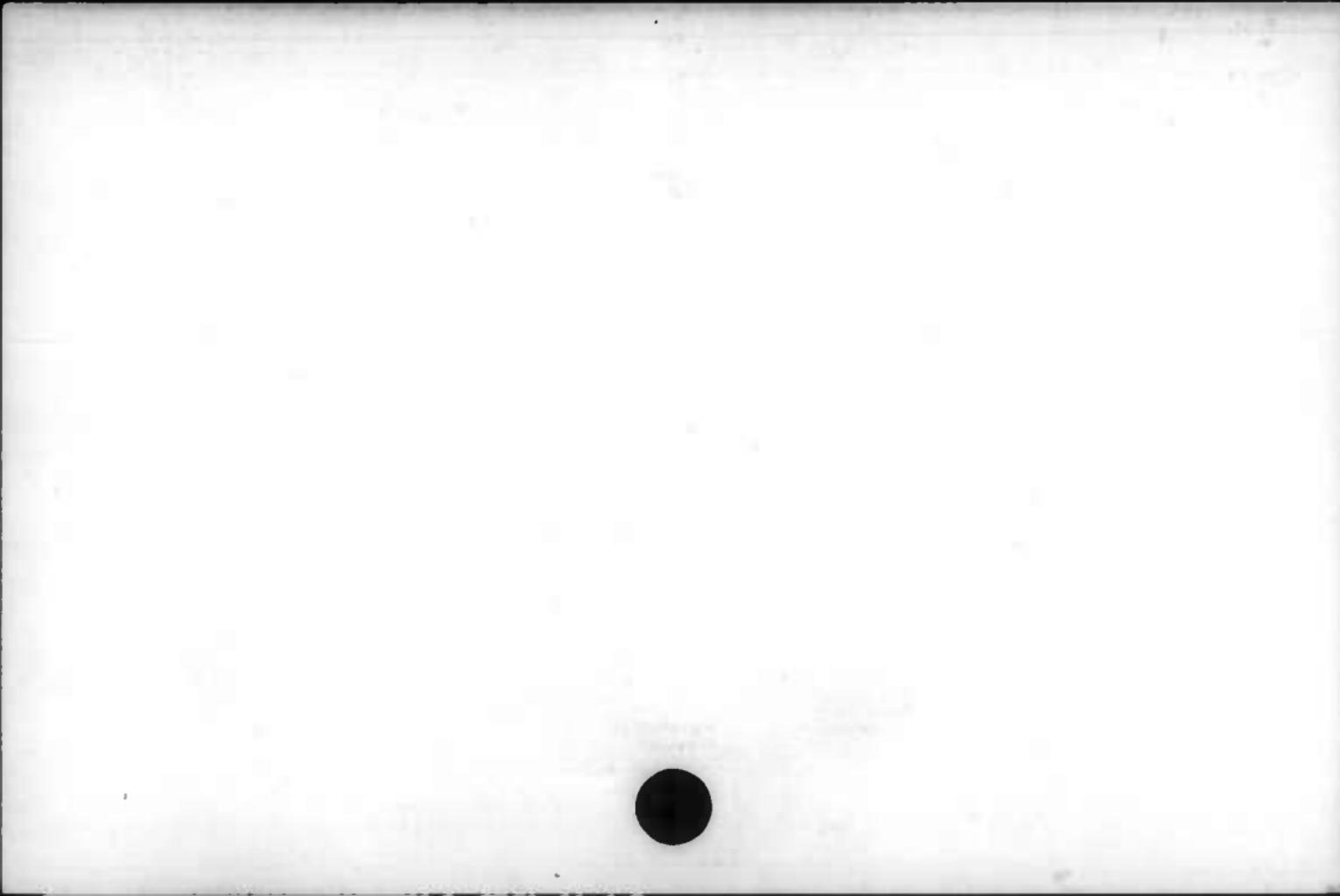
Signatures of  
Physician

Address

Birth  
graphical  
John McDonnell  
Annapolis  
Md

PHYSICIAN  
OR CORONER

Accident or Suicid







Name  
in  
Full

James Dalrymple Thurlow

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Waterbury Conn County a-a-Date of death 1909 Month Aug Day 10 Age 10 Months 10 Days 27Sex MaleColor or Race WhiteBirth-place WaterburyOccupation  Where Residing if not  
at place of deathMarried, Single  
or Widowed  Name of Wife or  
Husband Samuel + Sula ThurlowFather's  
Birthplace EnglandFather's  
Name Samuel ThurlowMother's  
Birthplace  Mother's  
Maiden Name SulaMother's  
Name  Name of person giving  
Information S. ThurlowHow related  
to deceased Father

## CAUSES OF DEATH

Primary

Cerebral haemorrhageHow long 64

Immediate

X  
2 days

How long

Are the name, age, sex, color, date  
and place correctly given above?yesSignature of  
Physician A.B. Gaunt M.D.Address Milwaukee

Accident or Suicide

PHYSICIAN  
OR CORONER

15-

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Lillian E. Traverse

Died at Curtis Bay a. a. Town County

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909 Aug 27 Month Day Years Months Days

Sex Female Color or Race white Birth-place Balt. Md.

Occupation House work Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Thomas Traverse

Father's Birthplace Balt. Md.

Mother's Maiden Name Lucinda Moon

Mother's Birthplace Balt. Md.

Name of person giving Information John Ferguson

How related to deceased Step Father.

13 (Burned by fire)

CAUSES OF DEATH

167

Primary Accidentally burned to death

How long 17 hours

Immediate burned from neck to feet.

How long

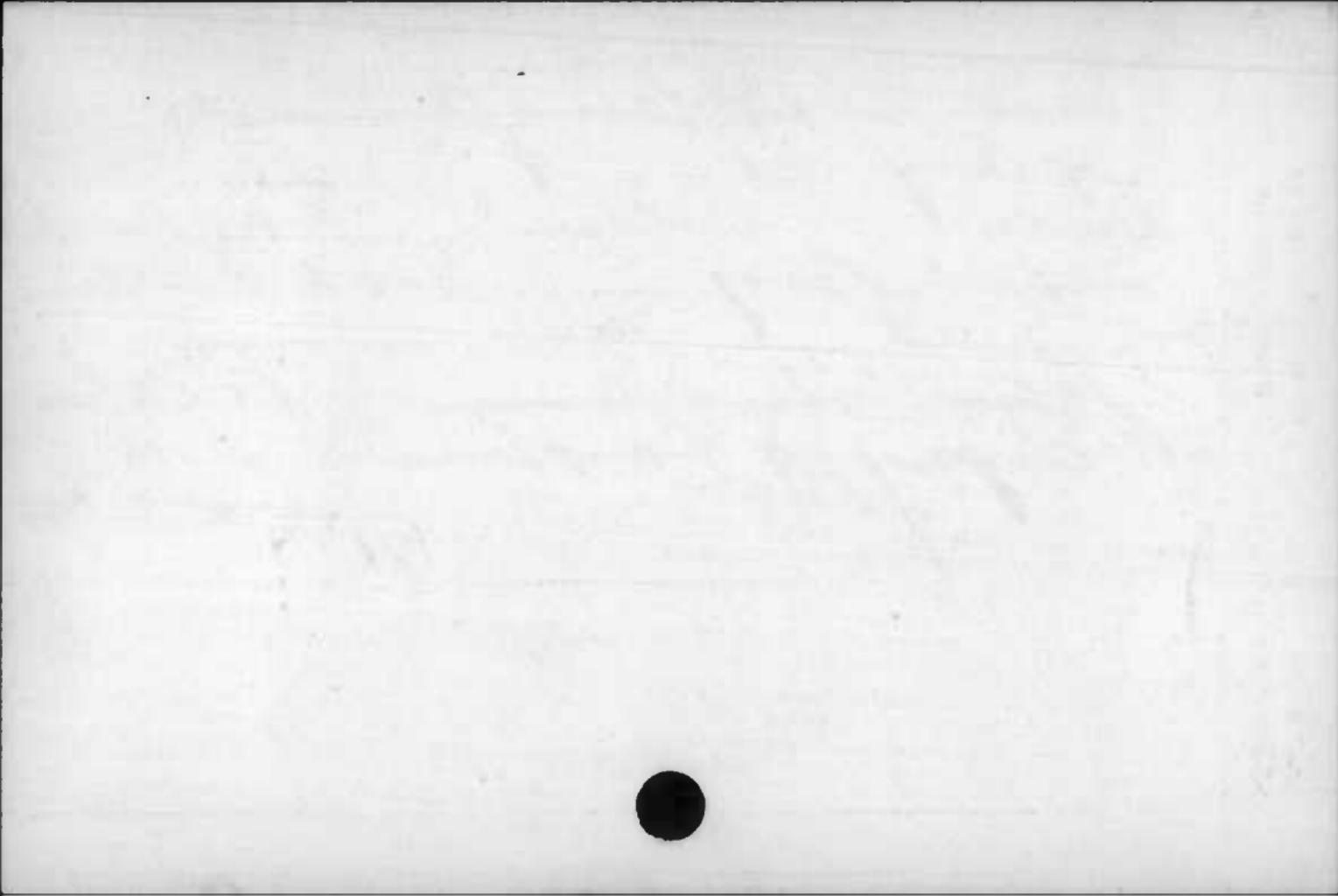
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. Norton M.D.  
Do. Balt. Md

Accident ~~caused~~



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |                  |                            |  |                 |           |          |        |      |
|--------------------------------------|------------------|----------------------------|--|-----------------|-----------|----------|--------|------|
| Name<br>in<br>Full                   |                  | Town                       |  | County          |           | MARYLAND |        |      |
| Died at                              |                  | East Post                  |  | Anne Arundel    |           | MARYLAND |        |      |
| Date<br>of death                     | 1909 Aug         | Month                      | 20   | Day             | Years     | 3        | Months | Days |
| Age                                  | 9                |                            |  |                 |           |          |        |      |
| Sax                                  | Male             | Color or<br>Race           | Colored                                    | Birth-<br>place | East Post |          |        |      |
| Occupation                           | School Boy       |                            | Where Residing if not<br>at place of death | East Post       |           |          |        |      |
| Married, Single<br>or Widowed        | Single           | Name of Wife or<br>Husband |  |                 |           |          |        |      |
| Father's<br>Name                     | John T. Tague    |                            | Father's<br>Birthplace                     | A.A.C.          |           |          |        |      |
| Mother's<br>Maiden Name              | Eliza J. Parsons |                            | Mother's<br>Birthplace                     | " " "           |           |          |        |      |
| Name of person giving<br>Information | John T. Tague    |                            | How related<br>to deceased                 |                 |           |          |        |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Accidental drowning

172

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

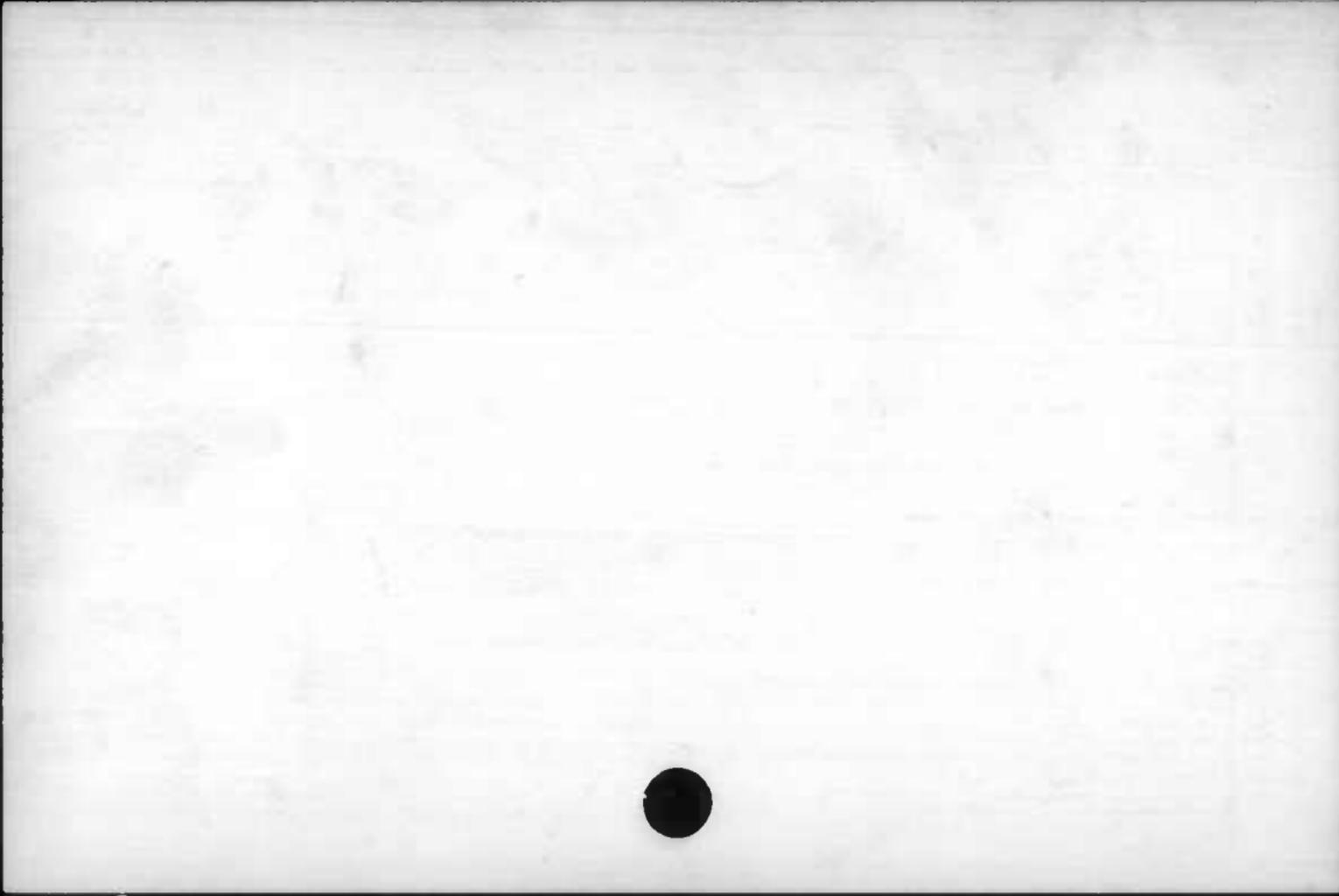
Signature of  
Physician

Address

P. P. Tague  
60 Cottontail  
Annapolis, Md.

Accident or Suicide

No



Name  
in  
Full

Marie O. Vanous

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at Hellerville

Town

Date of death 1909 Month Aug Day 2

County

Anne Arundel

MARYLAND

Sex Female

Color or  
Race

Age 1

Years

Months

Occupation

Infant

Birth-  
place

Hellerville -

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Where Residing if not  
at place of death

Willowfield

Father's  
Name

Emile O. Vanous

Steel Co. Min

Mother's  
Maiden Name

Katharine Kafka

Mother's  
Birthplace

Name of person giving  
Information

Emile O. Vanous

How related  
to deceased

Primary

Justo - Enter - Coletis  
Convulsions

105

Immadiata

2 days.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

John B. Deakel Jr.  
Annapolis,  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

Neither.

Louis Blankle

Name  
in  
Full

Henry Elliott C. Waygaman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Near Baltimore

Town

County

Date of death 1909 Month Aug Day 25

Years

Months

Days

Age 30

1

8

Sex Male

Color or  
Race

White

Birth-  
place

Washington, D.C.

Occupation

Real Estate

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Vida Waygaman

Father's  
Name

John. F. Waygaman

Father's  
Birthplace

Va.

Mother's  
Maiden Name

Alice V. Wilson

Mother's  
Birthplace

Washington, D.C.

Name of person giving  
Information

How related  
to deceased

27

How long

Years.

How long

Primary

Tuberculosis of lungs & larynx + enteritis

Immediate

Haemorrhages from bowels

18 days.

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

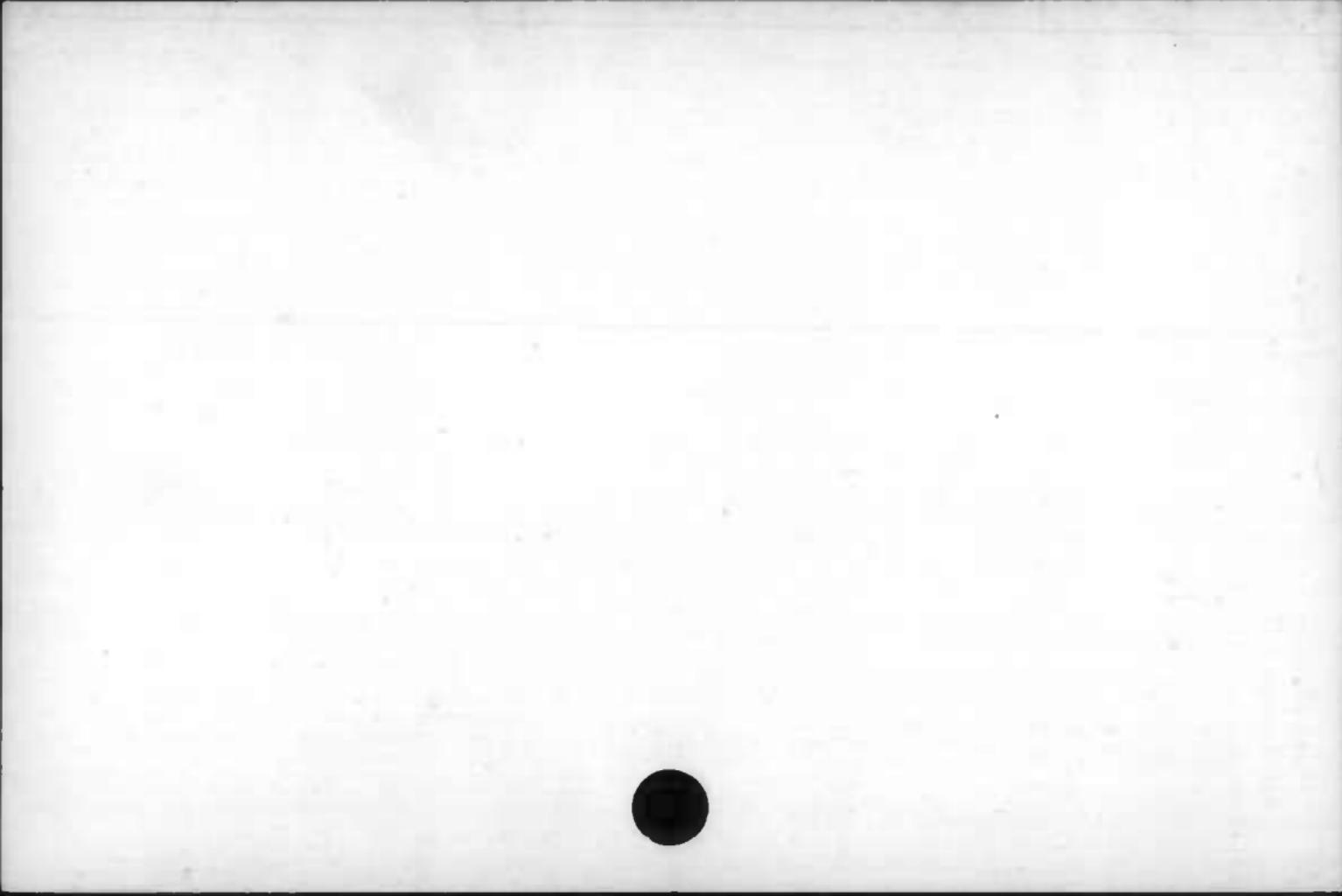
Address

Gordon Wilson

1318 N. Charles St.,  
Baltimore

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Thomas Martin Watson

CERTIFICATE OF DEATH

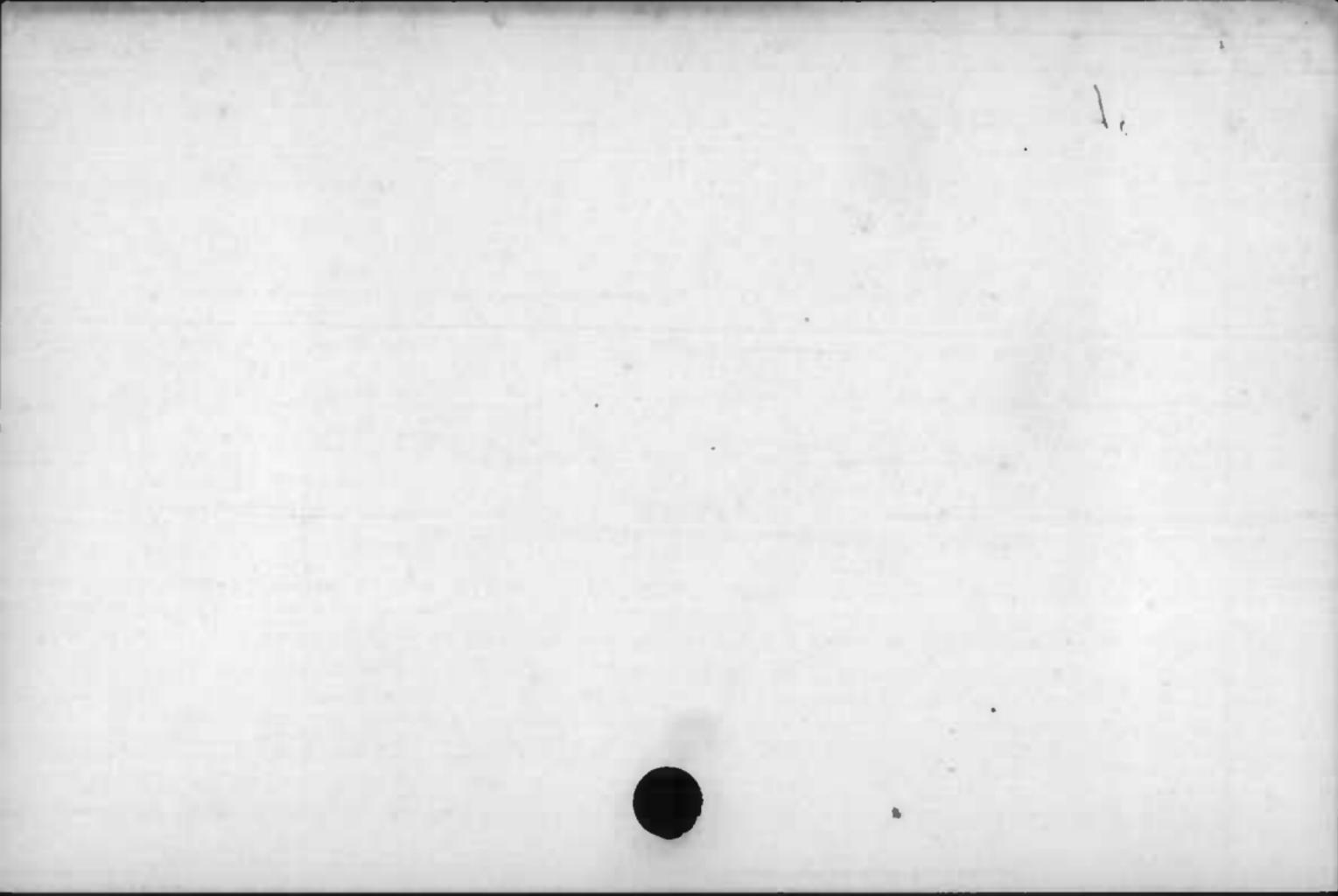
To BE ANSWERED BY  
NEAREST FRIEND

|  |   |                            |                  |        |      |
|--|---|----------------------------|------------------|--------|------|
| Died at <u>Odenton</u>   |   | County <u>Anne Arundel</u> | MARYLAND         |        |      |
| Date of death <u>1909</u>  | Month <u>8</u>  | Day <u>11</u>              | Years            | Months | Days |
| Sex <u>Male</u>  | Color or Race <u>White</u>                                      | Age                        | 4                | 25     |      |
| Occupation   | Where Residing if not at place of death<br><u>Baltimore Md.</u> |                            |                  |        |      |
| Married, Single or Widowed <u>Single</u>                             | Name of Wife or Husband   |                            |                  |        |      |
| Father's Name <u>Robert D. Watson</u>                                | Father's Birthplace <u>Maryland</u>                             |                            |                  |        |      |
| Mother's Maiden Name <u>Helen R. Bruce</u>                           | Mother's Birthplace <u>11</u>                                   |                            |                  |        |      |
| Name of person giving Information <u>Robert D. Watson</u>            | How related to deceased <u>Father</u>                           |                            |                  |        |      |
| CAUSES OF DEATH  |   |                            |                  |        |      |
| Primary  | <u>Enteric Colitis</u>  |                            |                  |        |      |
| immediate  | <u>Exhaustion</u>   |                            |                  |        |      |
| Are the name, age, sex, color, date and place correctly given above? |   | Signature of Physician     | How long         |        |      |
| <u>yes</u>   |   | <u>R.H. Hammond</u>        | <u>105 hours</u> |        |      |
|  |   |                            | <u>24 hours</u>  |        |      |

PHYSICIAN  
OR CORONER

Accident or Suicide?  
No

Address



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James S Whittington

CERTIFICATE OF DEATH

MARYLAND

Died at

own

Month

Day

Years

Months

Days

Date  
of death

1909 Aug 9

Age

38

8

Sex

Male

Color or  
Race

Colored

Birth-  
place

Calvert Co

Occupation

Labores

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Single

Father's  
Name

James S Whittington

Father's  
Birthplace

Calvert Co

Mother's  
Maiden Name

Harriet - Randal

Mother's  
Birthplace

Calvert Co

Name of person giving  
Information

Percy Whittington

How related  
to deceased

Brother

CAUSES OF DEATH

29

Primary

Intestinal Tuberculosis

Several months

Immediate

Asthenia

How long

12 hours

Are the name, age, sex, color, date  
and place correctly given above?

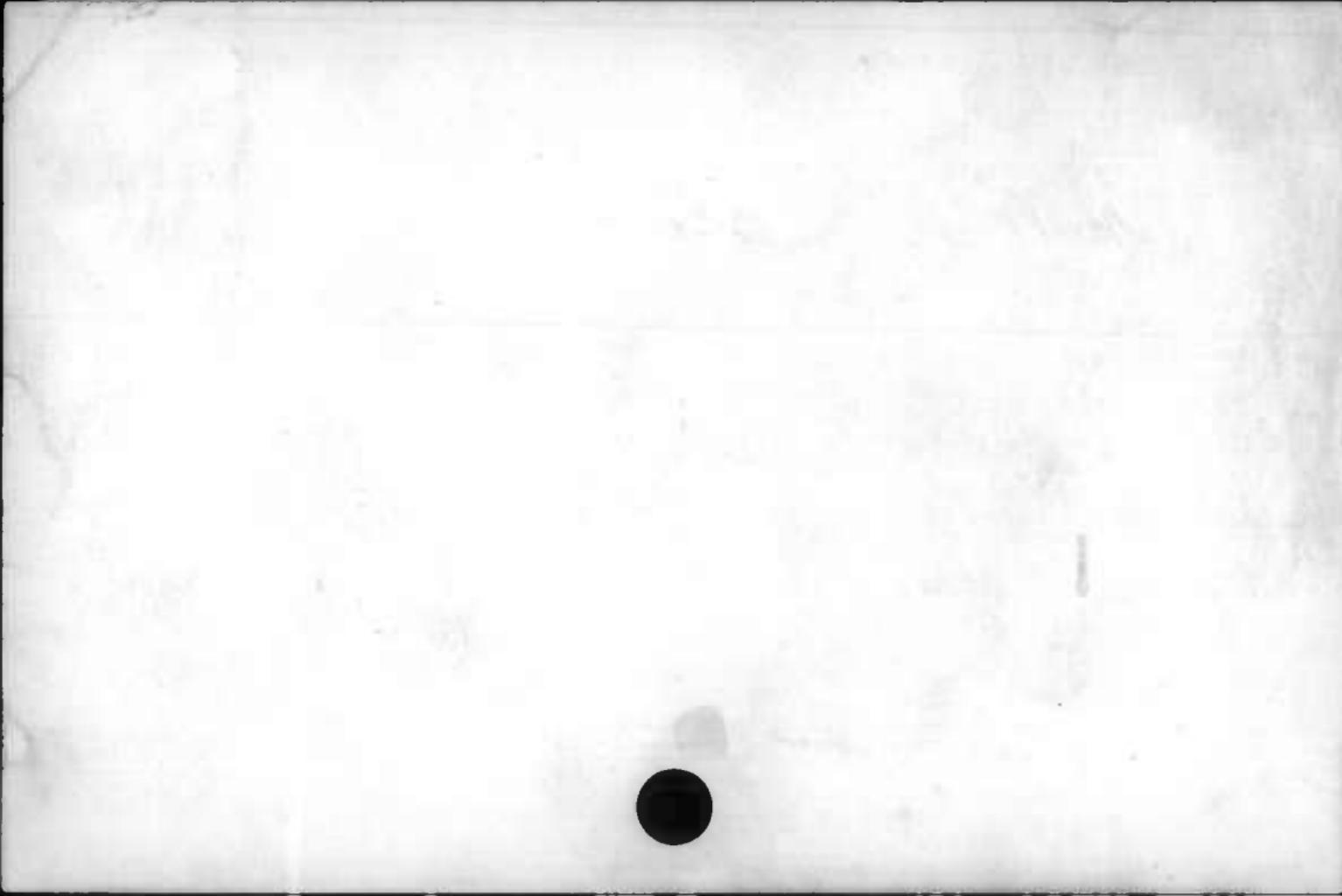
yes

Signature of  
Physician

Address

J. L. Brayshaw  
Friendsland  
Md.

Accident or Suicide



Name  
in  
Full

Sarah Martha Whittington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at **Friendship** Town

Date of death **1909** Month

Day

County **A.A.**

Years

MARYLAND

Months

Days

Sex **Female**

Color or Race

**Colored**

Birth-place

**Five Md**

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single Name of Wife or  
Husband

**Percy Whittington**

Father's  
Birthplace

**Md**

Father's  
Name

Mother's  
Maiden Name

Name of person giving  
Information

**Sarah B. Gray**

Mother's  
Birthplace

**Md**

How related  
to deceased

**Father**

CAUSES OF DEATH

93

Primary

**Pneumonia**

One week

Immediate

**Heart Exhaustion**

One hour

Are the name, age, sex, color, date  
and place correctly given above?

**Yes**

Signature of  
Physician

**J. D. Brayshaw**

Address

**Friendship  
Md**

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

|                                   |   |                         |        |                         |        |          |      |
|-----------------------------------|---|-------------------------|--------|-------------------------|--------|----------|------|
| Name<br>in<br>Full                |   | Eldridge Willerson      |        | County                  |        | MARYLAND |      |
| Died at                           | Leicester                               | Month                   | August | Years                   | 29     | Month    | Days |
| Date of death                     | 1909                                    | Month                   | August | Age                     | 0      | Month    | 5    |
| Sex                               | Male                                    | Color or Race           | White  | Birth-place             | Ind.   |          |      |
| Occupation                        | Where Residing if not at place of death |                         |        |                         |        |          |      |
| Married, Single or Widowed        | Single                                  | Name of Wife or Husband |        |                         |        |          |      |
| Father's Name                     | Eldridge Willerson                      |                         |        | Father's Birthplace     | Ind.   |          |      |
| Mother's Maiden Name              | Lila Herbert                            |                         |        | Mother's Birthplace     | Ind.   |          |      |
| Name of person giving Information | Eldridge Willerson                      |                         |        | How related to deceased | Father |          |      |

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Asthma

How long

5 days.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

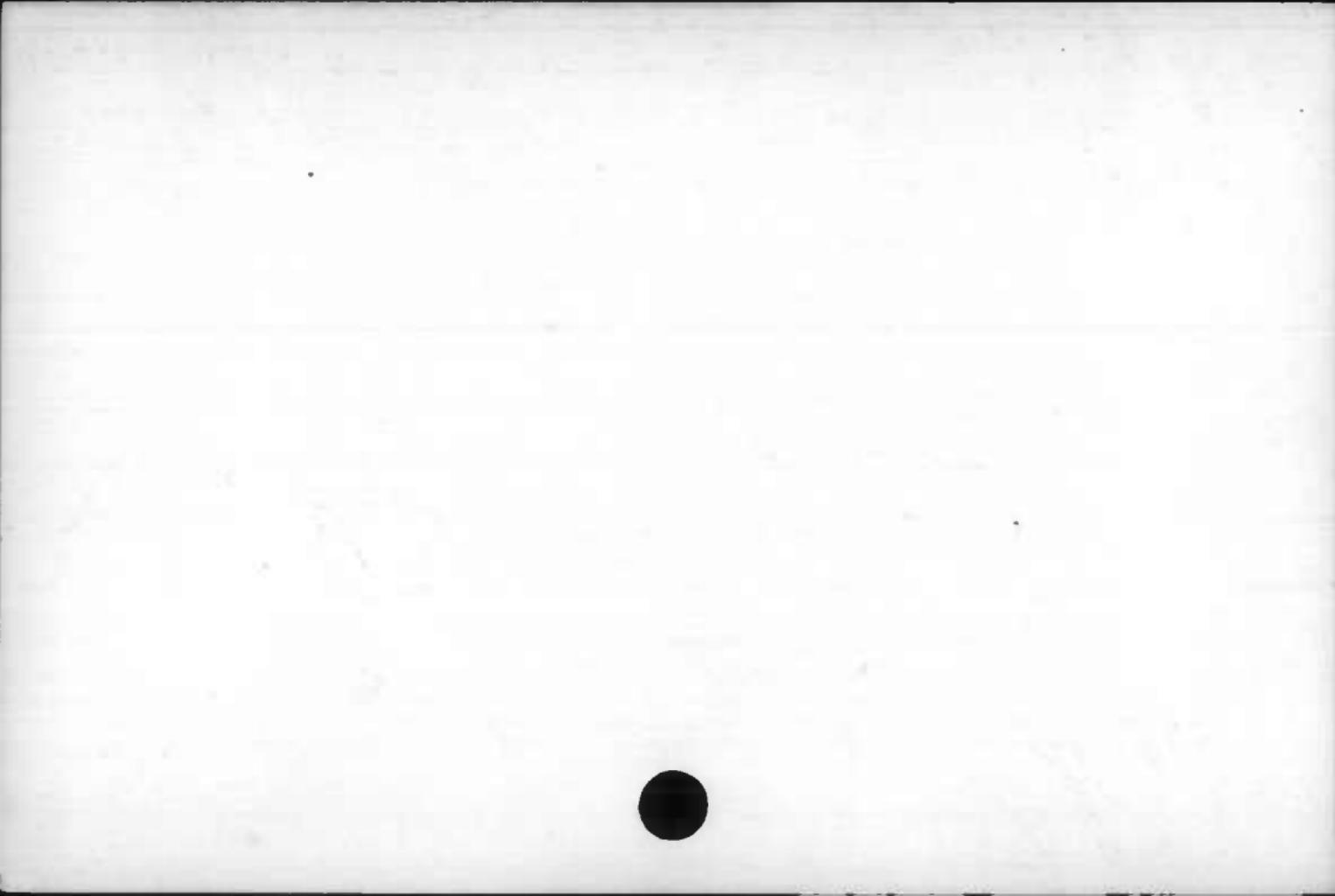
Signature of Physician

Address

A. H. Perrine

Melendine, Md.

Accident or Suicide



Name  
in  
Full

Alfred Wodalo

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Versailles Town  County

MARYLAND

Date of death 1909 Month Aug Day 1 Years - Months 8 Days -

Sex Male Color or Race white

Birth-place S.C.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name Autone Wodalo

Father's  
Birthplace Australia

Mother's  
Maiden Name Kate Jarkowska

Mother's  
Birthplace " "

Name of person giving  
Information Autone Wodalo

How related  
to deceased Father

6 CAUSES OF DEATH

105

Primary Indigestion

How long unknown

Immediate Enterocolitis

How long 3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

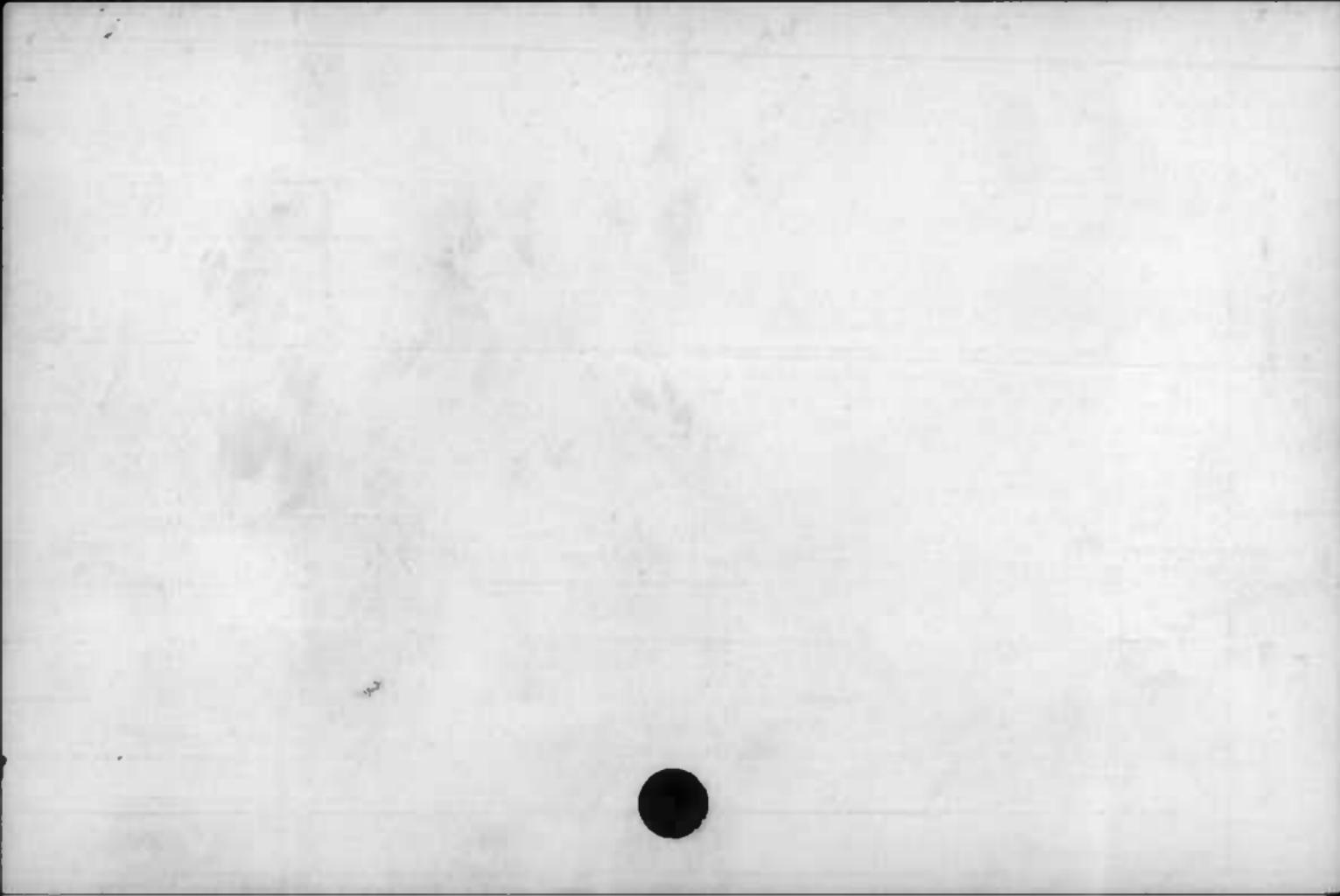
Signature of  
Physician

Address

John B. Horton  
So. Batt. M.D.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|                                   |   |                         |           |             |         |
|-----------------------------------|---|-------------------------|-----------|-------------|---------|
| Town                              |   | County                  |           | MARYLAND    |         |
| Died <u>on Chesapeake Bay</u>     |   | <u>Anne Arundel</u>     |           |             |         |
| Date of death                     | Month   | Day                     | Years     | Months      | Days    |
| 1909                              | Aug.  | 18                      | about 45. | —           | —       |
| Sex                               | Male  | Color or Race           | Caucasian | Birth-place | Unknown |
| Occupation                        | Apparently a Sailor   |                         |           |             |         |
| Married, Single or Widowed        | Unknown   | Name of Wife or Husband | Unknown   |             |         |
| Father's Name                     | Unknown   |                         |           |             |         |
| Mother's Maiden Name              | Unknown   |                         |           |             |         |
| Name of person giving Information | Henry B. Stelling, Take Shore <sup>Agt. G. G. S.</sup> P.O. |                         |           |             |         |

CAUSES OF DEATH

172

How long

How long

Primary  
Drowning

Immediate  
Drowning, apparently.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

August 18, 1909

Alberville S. Deenah

Justice of the Peace

Acting coroner

P.O. Elevator R. F. D. Vol. C. Act. 1

Accident ~~—~~ Suspected

